

THE PSYCHOANALYTIC QUARTERLY

VOL. XV

1946

No. 1

CONTENTS

IN MEMORIAM . Smith Ely Jelliffe	1
ELSE PAPPENHEIM and ERNST KRIS . The Function of Drawings and the Meaning of the 'Creative Spell' in a Schizophrenic Artist	6
JULE EISENBUD . Telepathy and Problems of Psychoanalysis	32
FRITZ WITTELS . Psychoanalysis and History: The Nibelungs and the Bible	88
BOOK REVIEWS . Hanns Sachs: <i>Freud: Master and Friend</i> . J. B. Hobman, Editor: <i>David Eder. Memoirs of a Pioneer</i> . W. Horsley Gantt: <i>Experimental Basis for Neurotic Be- havior</i> . Roy R. Grinker and John P. Spiegel: <i>Men Under Stress</i> . Therese Benedek and Boris B. Rubenstein: <i>The Sexual Cycle in Women</i> . Francis Marion Pottenger: <i>Symptoms of Visceral Disease</i> . Géza Róheim: <i>War, Crime and the Covenant</i> . Clyde Kluckhohn: <i>Navaho Witchcraft</i> . M. F. Ashley Montagu: <i>Man's Most Dangerous Myth: The Fallacy of Race</i> . Earnest Hooton: <i>'Young Man, You Are Normal'</i> . Edith M. Stern and Mary E. Corcoran: <i>The Attendant's Guide</i> . Henry B. Richardson: <i>Patients Have Families</i> . May Smith: <i>The Handbook of Industrial Psychology</i>	104
ABSTRACTS	127
NOTES	136

editor

RAYMOND GOSSELIN, M.D.

associate editors

BERTRAM D. LEWIN, M.D.

GREGORY ZILBOORG, M.D.

H. ALDEN BUNKER, M.D.

HERBERT A. WIGGERS, M.D.

assistant editors

LAWRENCE S. KUBIE, M.D., NEW YORK

CARL BINGER, M.D., NEW YORK

GÉZA RÓHEIM, PH.D., NEW YORK

† RUTH MACK BRUNSWICK, M.D., NEW YORK

FRANZ ALEXANDER, M.D., CHICAGO

THOMAS M. FRENCH, M.D., CHICAGO

LEON J. SAUL, M.D., PHILADELPHIA

HELENE DEUTSCH, M.D., BOSTON

† OTTO FENICHEL, M.D., LOS ANGELES

KARL A. MENNINGER, M.D., TOPEKA

executive assistant

PAULINE H. TURKEL

Copyright, 1946, by
The Psychoanalytic Quarterly, Inc.
Entered as second-class matter, May 19,
1932, at the Post Office at Albany, New
York, under the Act of March 3, 1879.

JANUARY, 1946

THE PSYCHOANALYTIC QUARTERLY is issued four times a year. Subscription price \$6.00 a year; foreign \$6.50. Subscriptions and business correspondence should be addressed to
THE PSYCHOANALYTIC QUARTERLY, INC., 374 Broadway, Albany 7, N. Y.
57 West 57th St., New York 19, N. Y.

The sad news of the death of our
editors

OTTO FENICHEL

and

RUTH MACK BRUNSWICK

has reached us as we were going
to press. Their contributions to psychoanalysis will be reviewed in the
next issue.



SMITH ELY JELLIFFE
1866-1945

SMITH ELY JELLIFFE

October 27, 1866–September 25, 1945

The death of a man is such a common, everyday thing, such a common, everyday surprise, such a common, everyday jolt and pang to the survivors, that these survivors feel bound to say something about the man just gone. We follow our human need to cling to the one we lost, to recapture him with word and thought, and thus to deny the very death we set out to acknowledge. We want to be immortal in body as well as in spirit; we identify ourselves with him whom we try to revive and preserve, and thus—stilling our own death anxiety—we also experience a sense of omnipotence, a sense of mastery over death.

All this is human, and yet Jelliffe would not have approved of this expression of our human propensity. Or rather, despite the fact that he himself wrote a number of obituaries, he would have preferred that man treat death in some other, easier, less conspicuous yet more lofty manner.

I recall with not a little awe a medical meeting of some years ago. Jelliffe was scheduled to discuss one of the papers. The day before he had lost suddenly and tragically someone very close to him; it was doubtful whether he would attend the meeting. He came, and he listened, and he spoke. There was the usual Jelliffe vigor, the usual Rabelaisian turn of phrase; he was the usual, vibrant master of the platform, to whom speaking and performing were one.

Jelliffe met, bemoaned, condemned, and fought the death of man by thought and work and word, by living with all the vibrant forces of his own *élan vital*, by being proud of his privilege of being alive. This was his attitude not only toward the death of others, but toward his own infirmities, oncoming old age, and approaching end. He referred in a manner of contempt to some of his physical infirmities which once interfered with the continuity of a conversation we were

having in his office; it was not the contempt of irascible senility, but that of a wise biologist who observes nature's dynamic, creative forces of building as well as its forces of disintegration with serene curiosity and fascination, albeit at times regret. When he came out of retirement at Lake George long enough to attend a dinner in honor of A. A. Brill, he was old, heavy, slow-moving, hard of hearing—but a steady, solid, proud figure who made people laugh with the ease of a master, who knew how to laugh with others, who never descended to that type of sorry self-appreciation which is characteristic of old age, the reminiscent form of speech. Jelliffe always had something to say—his histrionic powers were those of a performer rather than a mere exhibitor of a technique. When he finally retired never to return to the city and to regular work, when he parted with his library—an extremely valuable collection of books, now at the Institute for Living at Hartford, Connecticut—when his memory began to lapse every now and then, Jelliffe still stood firm on the platform of life. He did not cling to it with that tenacity which sometimes marks an organism which has difficulty in dying. Rather, he lived his life for all it was worth, and when there was little of life left in him, he still lived it fully, as long as it was there.

Alone, away from direct contact with the many friends and books and visitors with which his life was filled for over half a century, Jelliffe continued to live the life of the editor, the international figure, the civilized man who was interested in everything new and young and living. When a new book of interest to him appeared, or even an article, he would sit down and write a letter to the author. Almost to the very last these letters, no longer typed, remained pithy, keen, humorous and kind, giving no quarter—they were written in a steady, clear, and regular hand. The human language was to Jelliffe a God-given instrument for living. He did not make it redundant or sentimental, but gave it the directness becoming his true spontaneity of living. It was terse, to the point, and trenchant. If an Elizabethan monosyllabic word would render his thought more clearly than a Victorian polyphonic

turn of phrase, it was the monosyllabic term that would roll off with the resounding ease of spontaneous combustion. Jelliffe was a polite man; he was well-mannered; he was a gentleman. But he was not a slave to the artificiality of pseudo-rightness when a truth or a true feeling was to be told.

Jelliffe was not an academic man. He never occupied a university chair, never was the head of a mental hospital. He was not a practical technologist. His was the highest type of individualism, which required no official administrative power. He edited his *Journal of Nervous and Mental Disease* and the *Psychoanalytic Review*, and published the *Nervous and Mental Disease Monographs*. Thus he always had his hand on the pulse of psychoanalytic, psychiatric and neurologic thought, always kept in touch with psychoanalysts, psychiatrists and neurologists the world over. Standing alone, he yet was close and alive to everything new, always independent, always outspoken, yet never offensive.

He had an endless number of acquaintances, but he also knew how to have true, intimate friends. The most outstanding among them as a prominent figure in the history of American psychiatry was the late William A. White, with whom Jelliffe collaborated as editor and as author. William A. White was the contemplative, judicious, philosophic yet pragmatic head of a large mental institution; Jelliffe was the ebullient master of being with people and their thoughts and their books.

It is to White, it would seem, that Jelliffe owed the deepening of his interest in psychiatry; he first met White in the Binghamton State Hospital, and it was there that a lifelong friendship and lifelong scientific coöperation began. White was pre-eminently the thinker, Jelliffe the doer; White was the administrator, the wise, fatherly manager of things and people; Jelliffe was the proponent, the expounder. White left behind him many books; Jelliffe, mostly articles. White's mind was more intensive, Jelliffe's more extensive. Jelliffe began with the study of plants and pharmacology, turned to biology, neurology, and neuroanatomy, to expert psychiatric

testimony and psychoanalysis. One would search in vain for any systematic order in Jelliffe's cultural growth or thought—his was rather an eclectic, scintillating, impressionistic mind. He swayed at times from one school of thought to another, yet seemingly not because of any instability or lack of interest in truth but rather because of extreme intellectual curiosity and ability to identify himself with a given trend at a given time.

His interest in and understanding of psychoanalysis were great; he awakened to it early and stood by it to the end. Jelliffe fulfilled a rather definite rôle in that he was (with White) the first to publish a psychoanalytic journal in the United States (1913). He was one of the very first to sense the historical ebbs and flows of American psychiatry. In this respect he might be considered one of the true pioneers of extramural psychiatry and of that orientation which at present bears the much abused name of psychosomatic medicine. He was one of the first in America to become interested in the history of psychiatry. It was in 1916 that he published a series of essays on the history of psychiatry in the now defunct *Alienist and Neurologist*; in these articles he brought to the American psychiatric reader a wealth of data on Greek and Roman psychiatry, as well as Friedreich's 1836 text on the history of psychiatric trends toward the middle of the nineteenth century.

In our days of high specialization and technological slavery this 'dabbling' in so many fields might appear 'flighty' and 'superficial', but Jelliffe was neither of these. He was rather the cosmopolitan eclectic, one of the last in a generation of men whose spontaneous aspiration was encyclopædic knowledge and who had a ravenous appetite for living the knowledge of their day. There is something romantic about this individualistic universalism of the close of the nineteenth century, which was so typically American and yet so European. The naturalist and the iconoclast, the nonconformist and the well-mannered gentleman, the reformer and the revolutionist seemed frequently then to converge in one personality and

produce a rather kaleidoscopic impression. In literature it would become a Balzac or a Maupassant or a Chekhov (in his humorous vein); in science it would appear under the guise of a Pasteur or a Lister. Under the specific conditions of American cultural growth a whole series of enlightened personalities appeared who were American to the core, yet also European to a high degree, proud of their American background without being chauvinistic, and one with European thought without being mere imitators. Dr. Welch could be cited as an excellent example of this generation of Americans who went to Europe to learn, but who went there as equals and returned as superiors.

Jelliffe was one of the last of this generation. He was but ten years younger than Freud and but a few years older than Adolf Meyer. He was a living link with a heritage which we have not yet fully utilized, and a vibrant example of how man himself—not his books, or not only his books—can become living history. There is something quixotic about living human history; this is true of the history of science and of literature as much as of the history of politics. Jelliffe did not lack in quixotic elements of personality and temperament, yet his feeling for the continuity of everyday living was great and deep. This would explain his great ambition to steep himself in the history of psychiatry and one day write such a history. That he failed to fulfil this ambition is not really a failure, for Jelliffe in so many respects succeeded in living through most of the modern stages of this history.

GREGORY ZILBOORG

THE FUNCTION OF DRAWINGS AND THE MEANING OF THE 'CREATIVE SPELL' IN A SCHIZOPHRENIC ARTIST

BY ELSE PAPPENHEIM, M.D. AND ERNST KRIS, PH.D. (NEW YORK)

Psychiatric interest in the art of the insane dates back well over eighty years. Though many of the several hundred contributions listed in recent bibliographies¹ start from clinical material, most of them are explicitly or implicitly centered around a crucial problem: the relationship of genius and insanity. The problem is an ancient one in the world of learning and speculation. It was first and with remarkable wisdom posed by Plato. His distinction between the 'productive insanity' of the creative genius and the pathology of insanity itself approximates formulations suggested by contemporary psychoanalytic insight. In the psychiatry of the nineteenth century the problem was reintroduced by Lombroso. Under his ægis much time was spent in a search for insanity in the genius. Since 1920 a shift of position has occurred: under the influence of the expressionistic and surrealist movements in contemporary art there has been a search for the genius in the insane. This point of view dominates Prinzhorn's volume on the subject (1922), but there is reason to believe that his eloquent æsthetic partisanship during the last two decades has delayed rather than accelerated interest in the clinical problems with which the study of the productions of the insane confront us. When we speak here of the 'art' of the insane, we are not considering æsthetic values, but merely recognizing the fact that the productions are 'of the nature of art'.

Detailed clinical case histories and clearly formulated propositions are not plentiful in the literature. In most cases authors refer to the creative activity of psychotics for the sake of illus-

¹ Cf. Anastasi and Foley; also Lange-Eichbaum.

tration alone. A mere few have used experimental methods for diagnostic and therapeutic purposes.²

Most of the clinically oriented contributions deal with the artistic productions of schizophrenic patients who represent the largest contingent of the asylum population, and who more frequently than other psychotics express themselves artistically. Absolute figures of artistically creative patients are at any rate small; even according to Prinzhorn's liberal count less than two per cent of the asylum population ever shows a tendency to artistic production.³

The spontaneous artistic expressions of schizophrenics is predominantly in the medium of the written word; drawings, interspersed with script or a transition between them, are more frequent than works in plastic, either modeled or carved.

Psychiatric students of schizophrenic imagery stressed a number of characteristics: the tendency to fill space, to 'crowd in', the stereotypy and the rigidity of all shapes, and the hypertrophy of symbols. These characteristics were then related to the behavior and thought process typical of the schizophrenic. Psychoanalytic comments have repeatedly drawn attention to the working of the primary process in schizophrenic imagery, with its condensation, displacement, allusion, symbolism, and play upon words and shapes.⁴ Partly under the influence of psychoanalytic thought it has become traditional to compare the productions of the 'insane, the savage and the child'.⁵ Such true and alleged similarities made it routine for Jungian psychology to rely upon graphic material to demonstrate the general characteristics of the 'archaic unconscious'.

² Cf. Anastasi and Foley (1944), Becker, Reitmann, Sapas, Schube and Cowell.

³ The Heidelberg collection upon which Prinzhorn's views are based (1919, 1922) contained drawings and paintings of psychotic patients from various European countries. The distribution of diagnoses was: schizophrenics 75 per cent; manic-depressives 8 per cent; and the rest various other mental illnesses. In view of the varying diagnostic standards in the institutions from which the material came, these figures should be looked upon with reservation. In the literature the diagnosis 'manic-depressive psychosis' is made in a good many cases where the published case history suggests schizophrenia.

⁴ Bertschinger, Merzbach, Schilder, Kris (1933).

⁵ Cf. Lips, Naecke, Réja, Lewis.

To others, dissatisfied with the ambiguities of this explanation, they indicate a host of unsolved problems. The problem of the affinity of all undifferentiated psychic structure is here at stake, apart from the question of whether the lack of differentiation is due mainly to biological, pathological or cultural factors; in terms of psychoanalysis we are here concerned with the universality of the id. Whatever we may be able to contribute to this range of problems will be a by-product.

Clinical data, to which we now turn, are most ample for the paranoid schizophrenic group of psychotics. Clinical investigations tend to suggest the necessity of distinguishing between those skilled in the arts previous to the manifestation of the psychosis, and those who start to create spontaneously during the course of their illness without previous training.

Little is known in detail about these sudden outbursts of creative activity—but the phenomenon itself is familiar. Every mental institution in western civilization has its inmates who cover every scrap of paper, every free place on wall or window sill with words or shapes; there are some who carve with any instrument at hand in any material to which they can gain access or who model in bread if there is no clay. Psychotic writers, painters or sculptors may persevere in their activity for weeks, years, or, as in a case fully reported by Morgenthaler (1921), for decades. All authors agree that 'the spell to create' does not develop during the acute phase of the psychotic attack and that periods of creative activity are interrupted by acute exacerbations. Some start to create for the first time during the course of illness, others stop after a remission.⁶ Villamil, for instance, reports the case of an illiterate Spanish farm hand who carved fantastic agglomerations of symbolic shape during a psychotic attack. As the psychosis cleared up, he carved more practical objects, until finally, when he was about to be discharged, he completely renounced this activity and denied that he had ever been able to carve.

The pathological process produces marked changes in the

⁶ Cf. Buerger-Prinz, Guttman and Maclay, Maschmeyer, Prinzhorn, Schilder.

style of most skilled schizophrenics who have been studied.⁷ These changes may lead in two directions. In some cases it is claimed that the artist's work has gained by 'the change of style', a claim which seems plausible anent changes during the prodromal or initial stages of the schizophrenic process. In other cases the deterioration is obvious.⁸

The patient we are presenting falls into the group of skilled artists whose productions change during the psychotic process. This change is due neither to an increase nor a decrease of ability, but rather to a change in the function of artistic activity. The new function it acquires can only be understood in the light of the patient's delusional system. His delusion seems also to determine why he must create in abundance. We therefore focus our attention on two problems which the title of the paper indicates: the change of function of drawing and the urge to this activity.

The Patient's Personality: Anamnestic Data and General Description

We observed the forty-nine-year-old architect, F. W., from January 17th to March 13th, 1938, at the University Hospital for Mental and Nervous Diseases in Vienna. Our data concerning the development of his psychosis are limited to two scanty hospital records of the years 1932 and 1935, to the patient's own information, and to his drawings. The only outside person we interviewed was his housekeeper, a woman of fifty-two, but her statements were not very revealing. She was committed together with the patient because she claimed with equal emphasis that he was chosen for a special mission, but within two days she gained enough insight to be discharged. According to her report the patient had lived in dire need for many years, completely withdrawn from all social contact. She was the only person he saw regularly, and she evidently took care of his barest physical needs.

⁷ Cf. Aschaffenburg, Fay, Prinzhorn, Weygandt, Jaspers, Kris (1933 and 1944).

⁸ Cf. Audry, Evenson, Anastasi and Foley.

The reason for the patient's first admission in 1932 is unknown. He was then oriented and coöperative but had some vague ideas of reference. He was hospitalized for only five days and discharged with the diagnosis schizoid psychopath. In 1935 he was committed because he had made confused speeches in the Cathedral of Vienna. The content of his delusions was similar to but more systematized than that which we studied later in 1938. He called himself the Son of God who dutifully fulfilled God's will. He dwelt a great deal on his ability to foretell political events, such as the Viennese revolution in February 1934; yet he never claimed to be God himself or to be able actually to bring about political events. In 1938 he most emphatically made these claims. His second hospitalization (1935) lasted for two months; he was discharged in the care of his housekeeper, with the diagnosis paranoid schizophrenia. Nothing was heard of him until January 1938. His commitment at that time followed an outburst of rage in which he destroyed several busts in his studio.

The patient referred to the formal data of his life history in rather vague and mystical terms. Fortunately one of us (Kris) had had an opportunity to watch his work at some distance in about 1920 and was able to supply further data. The patient was born in 1889, the second of five siblings, in a small village near Vienna. His father was a lumberjack. The patient claimed that he was interested in drawing and technical construction as far back as he could remember. He had been trained in architectural design, drawing and painting in a professional high school and later at the Academy of Fine Arts in Vienna. His school record must have entitled him to admission to a university, for he served as an infantry officer during the first world war at the time when a commission in the Austrian Army depended on educational status. He was well read in an autodidactic way, an admirer of Nietzsche ('the only man possibly greater than myself'), familiar with the Bible and the standard works of German literature. Around 1920 he worked as draftsman for one of the largest interior decorating firms in Vienna and his career flourished. About 1924 he

established himself as an independent architect and had several contracts with one of the richest men of the day. His good fortune apparently did not outlive that of his patron: the wave of depression that swept Austria at the end of the decade carried both downward. This is all we know about him before his hospitalization.

The patient was seen immediately upon admission. He was offended and agitated because he felt his commitment was unjustified, but he was oriented in all spheres and fairly coöperative. He brought a bundle of papers along, covered with peculiar drawings. When asked about them, he became friendly and seemed to lose his initial suspicion.

In spite of his psychosis the patient was an imposing figure. He was tall, rather broad, with expressive features. His movements were always measured. Though he accompanied his speech with theatrical gestures, he never lost a certain dignity. He spoke about himself with obvious satisfaction and with a certain unctuous pomposity, even at moments of anger or excitement. He often appeared suspicious and cautious, yet he rarely lost an air of condescending amiability.

In the hospital he submitted to the routine. There was no sign of deterioration in formal intelligence or appearance. He showed no mannerisms. His theatrical gestures never went beyond those which any temperamental person might display while passionately elaborating on an idea. He played chess and cards with some of the other patients, but on the whole had a meager contact with them. Toward most patients and attendants he was haughty and often quarrelsome. Sometimes he would single out one of the more intelligent patients and stride up and down with him for hours while he delivered a monologue. Similarly with us: although he welcomed our interest and expressed gratification when his speeches were taken down in shorthand, our response did not really matter. We were ordinary mortals, unable to grasp the real significance of his life, and important only as mere tools since we would spread his gospel. He discussed his drawings willingly but confined himself to the details he thought meaningful. He

rarely answered our questions and when we insisted he sometimes became impatient and irritated—we should think for ourselves and not bore him with trifles. At times, in an almost tragic fashion, he acknowledged his actual situation, the fact that he had been committed and that he was destitute. He became especially bitter when notified that he would be evicted from his studio unless he could produce a certificate testifying to his mental health. When he was denied this certificate he reacted at first with anger and denounced it all as persecution, but soon he tried to console himself. It was all for the best; he had to be declared insane by the authorities so that the truth could become known to the world. He elaborated on the persecution of which he was a victim and became more and more excited, threatening his enemies with revenge, first in a bragging way, soon with full conviction of his omnipotence and self-sufficiency. He could get out of the hospital if he chose, but his mission could be better fulfilled if he remained.

Main Delusional Ideas

The patient's delusion was well systematized and showed no unusual features. His megalomania culminated in his identification with God the creator and ruler, the builder of the universe and the sculptor of men. He did not always strictly adhere to the idea of being God but repeatedly referred to himself as the Son of God through whom and in whom God worked; frequently he claimed that both were one and the same. He had become aware of his mission at the age of twelve when a revelation came to him while he was lying on a lawn at night, filled with longing for the stars. All his drawings, he said, were conceived at that time.

His ideas of reference and persecution were extensive. Among his persecutors were everyday people, the janitor, neighbors, or former employers and colleagues such as the association of architects. He was ambivalent towards his housekeeper: she was either in the service of his enemies or the only person attached to him. His more important persecutors were the whole government under Dollfuss and Schuschnigg, a secret

organization of Jews and the Catholic Church—particularly Cardinal Innitzer of Vienna. The church was responsible for the death by poison of his mother and brother-in-law years ago. He himself had become desperately ill at that time. He had learned about the church's plot when he confronted his housekeeper with the accusation: 'You miserable creature, you poisoner', and in tears she uttered the word: 'Rome'. To some extent the patient used the traditional language of Austrian anti-clericalism and the slogans of National Socialism. He looked upon Hitler and, to a lesser degree, Mussolini, as his representatives on earth. The earth was too small to be of great interest to him, so he would dedicate it to Hitler and only partly to Mussolini to prevent a fight. But even Hitler would not be allowed to do anything without the patient's authorization. His enemies were, in fact, powerless, since the patient was God himself, and a single stroke of his pen would have destroyed all of them irrevocably. When Hitler actually invaded Austria, the patient was beside himself with joy. He was seen for the last time on March 13th, two days after the occupation, when he said triumphantly: 'Now it is done; I accomplished it all with my sword'.

The ideas of persecution were clearly linked to his identification with God. While on one occasion he claimed to have written the New Testament himself, he referred to Christ with violent scorn. 'To worship Christ is blasphemy; all those who worship him perish. They shall wade in blood.' When asked whether he was the true son of God, he answered, 'What has not been true so far became true now. Christ was supposed to remove all wrong doings; my secret is that I have done so. Today I took the sin of all men unto myself . . . I have stated there is no dead God and that no dead God shall be resurrected. . . . They are praying to a dead body.' In several drawings he symbolized Vienna by a *Pietà* to indicate that she would be destroyed like Jerusalem, whereas Berlin, the city of light in the future world, would assume Rome's present significance. Nevertheless, pointing to the corpse of the *Pietà*, he said, 'The dead body, like myself lying on the lap'. His hatred of Jesus

is probably an expression of sibling rivalry for his mother's love. It also seems to be an illustration of his experience of depersonalization, since he frequently spoke of himself as being dead. The destruction of Vienna seems to symbolize the death of his mother and his experience of *Weltuntergang*.

His direct competition with Christ is manifest when he refers to Christ's origin in 'an unclean marriage'. Therefore, he could not have been the redeemer. The patient, however, was the product of a 'clean marriage'—his parents were exempt from Original Sin. 'The heart of Jesus was always an offense to me. Chaste love is always marriage, the great mother always above it. Always Christ and his mother. [With irritation] They always put the old mother and her son in front of each other! They destroyed it.' The patient said of his father: 'He was love in its purest form. Very silent, never outspoken.' His mother too was 'pure'. He is going to elevate her and make her the queen of heaven.

The patient's sexual delusions were less clearly crystallized or at least less clearly verbalized than his political and religious ones. We know next to nothing about his actual sex life. In 1932 he had stated: 'Basically the female body never stimulated me'. In 1938 a girl, Josephine, allegedly his fiancée, played a considerable part in his redeemer fantasies. She was a friend of his youth, with whom he had had sexual relations for some years but he had not seen her since she moved to Germany ten years previously. Austria could only be saved if Schuschnigg effected her return to Vienna. Innitzer, Cardinal of Vienna, was blamed for wanting to have her 'womb torn out'. We do not know whether she had undergone a hysterectomy but as we shall see later, this idea is closely linked with the patient's fantasies about the nature of sexuality and bisexuality. However, before we turn to this point, we have to refer to his drawings.

The Drawings.

Later, after his commitment, he asked us to bring from his studio all those drawings that he had been unable to carry

to the hospital with him. Most of them were done in pen or pencil; occasionally he would use chalk or brush. The size of the drawings varied greatly. Many were drawn on odd bits of paper, on margins of newspapers, magazines or books, and in empty spaces of architectural drawings. Others were on larger sheets of clean paper, and a good many on sheets of truly gigantic size such as architects use in their work.

The hospital records of 1932 and 1935 do not refer to any drawings connected with the patient's illness. Since he treasured his 'psychotic' creations, we can exclude the possibility that any part of his work was lost. His production started in June 1937. At that time he scribbled on the margin of newspapers; the first drawing on a clean sheet is dated July 1, 1937. He did about ten larger drawings before October of that year. From then until his outburst of rage and his subsequent commitment in January, he produced from three to six large sheets daily. These are indications of the mounting urge to which we refer when speaking of 'a creative spell'.

The drawings superficially resemble ancient architectural sketches. They are mostly well spaced in the center of the sheets and show a limited number of themes, the most typical of which we shall discuss later. However, before entering upon a closer inspection of them, a brief discussion of their meaning for the patient seems appropriate. Figure 1 shows the most frequent of his themes, which we call the *sphera*: the city of light with angels flying toward it or from it. In it there is a detail, a triangle containing the letter 'F' and the date, which we find on all the drawings, usually repeated several times, often with different dates. Sometimes we find instead of the letter 'F' the word God (*Gott*) in the Triangle. The triangle clearly serves as a signature. But what the patient signs are not works of art that he wishes to *authenticate*, but statements that he wishes to *validate*. The drawings are not meant for admiration by a public; they were not produced with any artistic intention in mind. They have, the patient said in reply to one of our questions, 'no artistic value' and are not drawings

but 'written drawings'. However, he has not lost his ability to draw, nor did he 'change his style'. In the midst of one of our interviews during which he occasionally and with great rapidity sketched one or the other of his 'motifs', he drew at our request a human torso with the skill of the professional draftsman. However, such performances no longer interested him. We once praised a drawing of Victory on a baroque chariot drawn by deer (Figure 2) which he had done for a stage decoration in about 1920. It supplies a typical example of his considerable craftsmanship. Instead of reacting to our praise, he immediately related the drawing to his current delusion: it showed Josephine's glorious return to Vienna; he had used the deer because they were pure and not tainted by man as were horses. He went on to focus his attention on the lines which he had recently sketched in the empty space in the background; they represent one of his familiar themes, 'the gates of Paradise', which would be opened by his fiancée's return.

This self-interpretation was typical of his attitude to the drawings: his interest was exclusively directed to their content. The content is read as one might read a prophecy: what the drawings contain will happen one day. When we first brought the drawings from his studio he grabbed them eagerly and leafed through them, pointing at a detail here and there, literally jumping from one sheet to the other and occasionally returning to one he had passed. He studied them as documents that indicate the course of events. They were verdicts of damnation and announcements of salvation. And the signature indicated the prevailing intention: the triangle with the peak turned downward is, in the patient's words, 'the sign of destruction'. 'If I am merciful', he added, 'the triangle points upward'.

The drawings were part of an elaborate magical ritual. Its main tool was the holy sword, made out of cardboard and covered with gilded paper. Whosoever name he touched with the sword was lost. He ruled the world with it. We found it in his studio on a shabby desk, leaning against the wall. The wall space behind it was covered by layers of drawings, a self portrait uppermost. The whole arrangement clearly



FIGURE 2

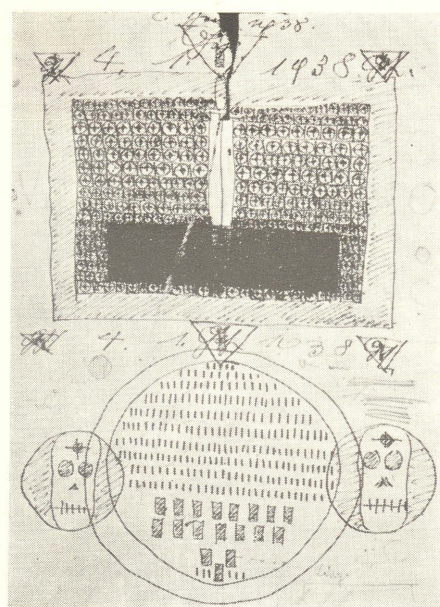


FIGURE 3

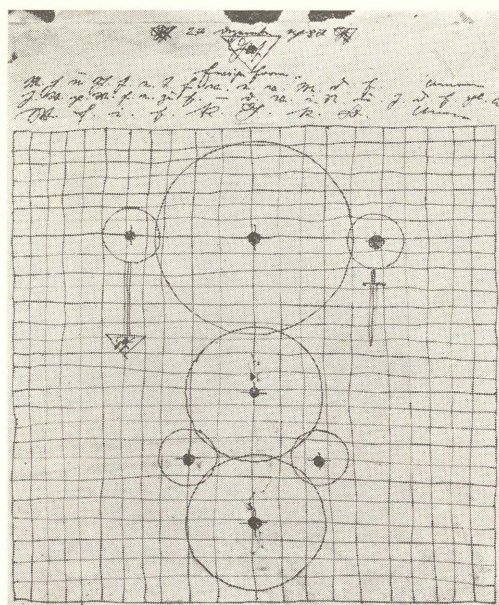


FIGURE 3A

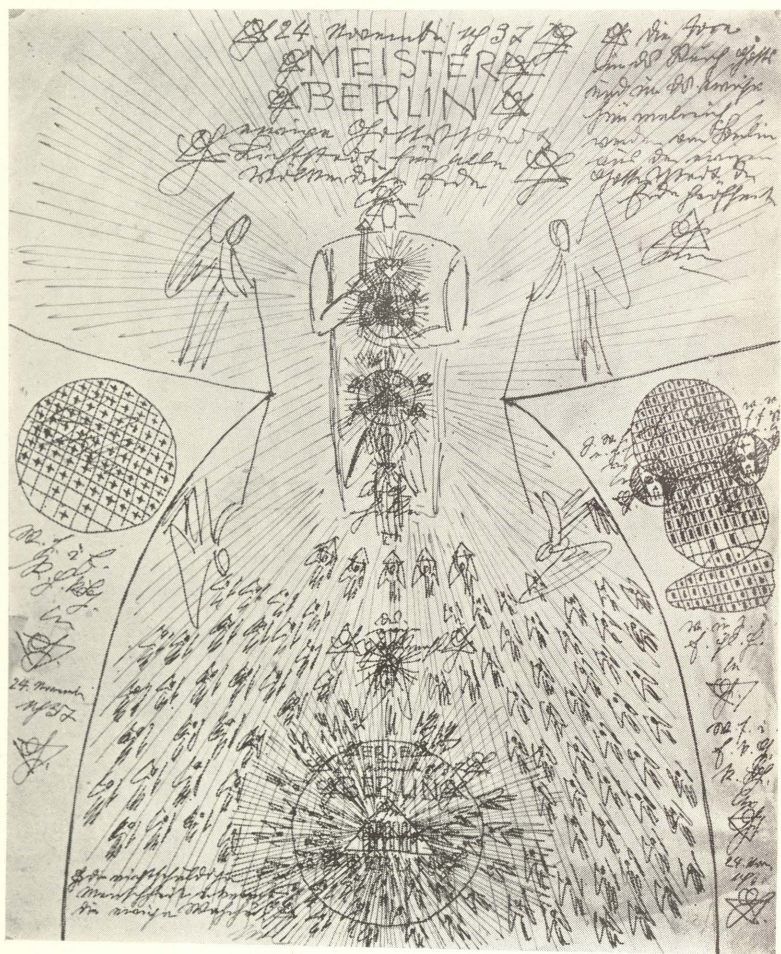


FIGURE 4

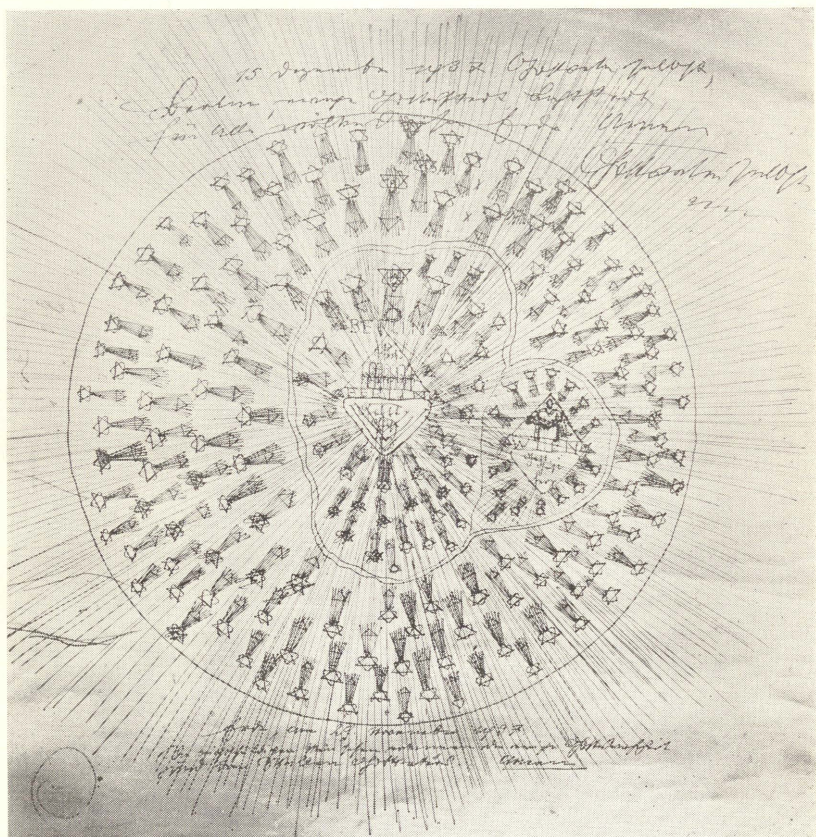


FIGURE 5

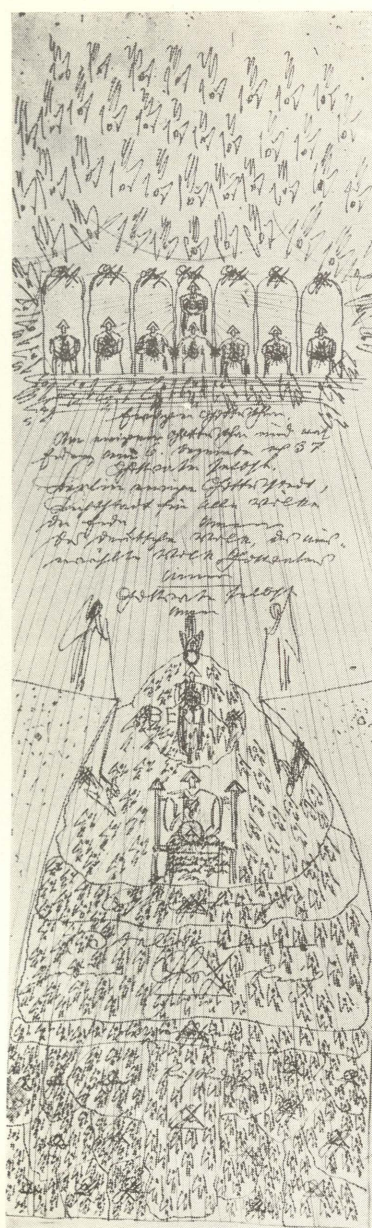


FIGURE 6

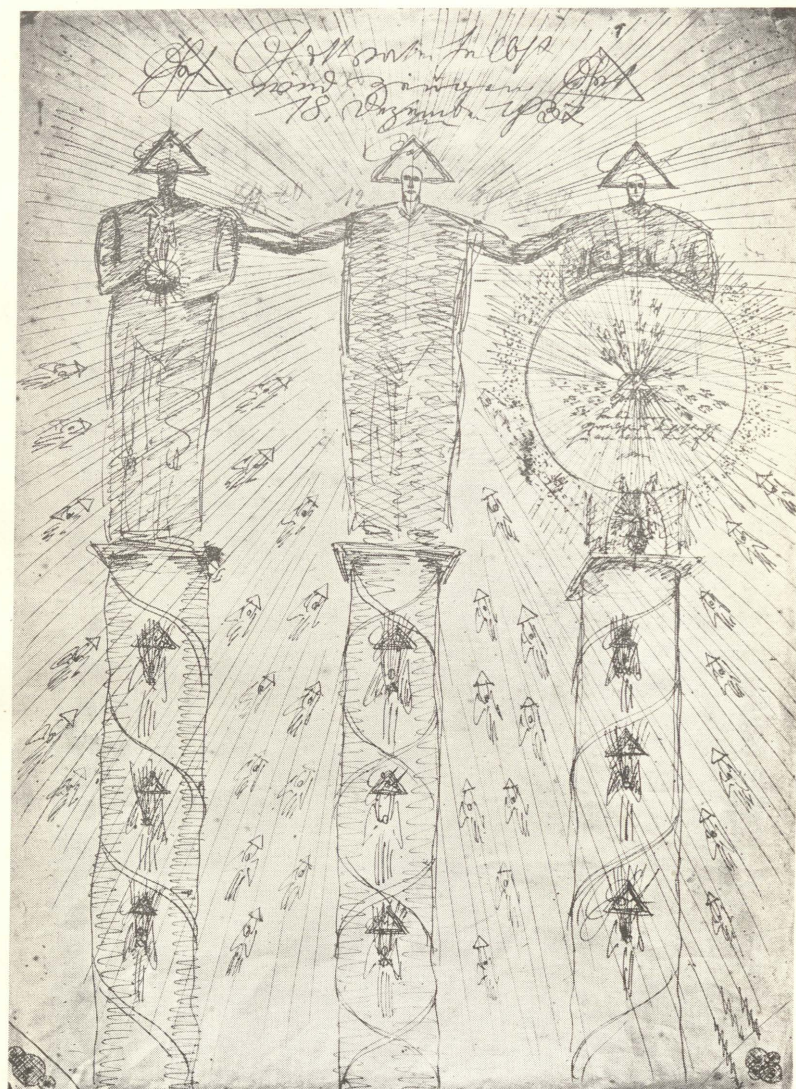


FIGURE 7

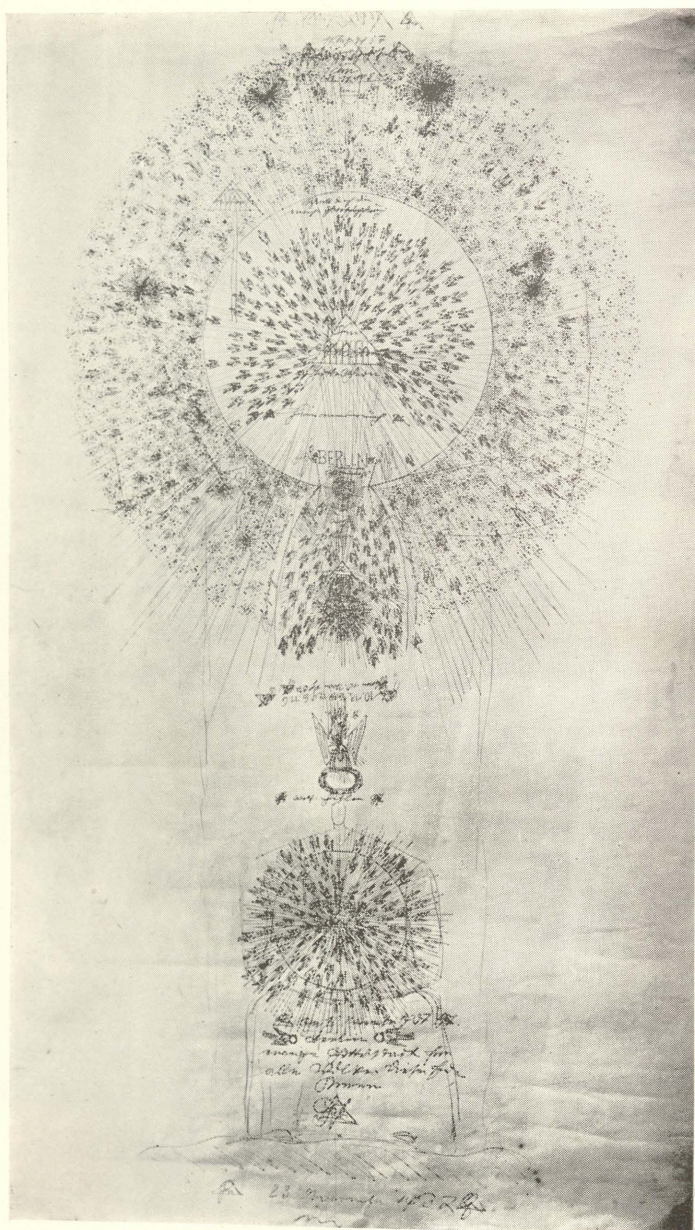


FIGURE 8

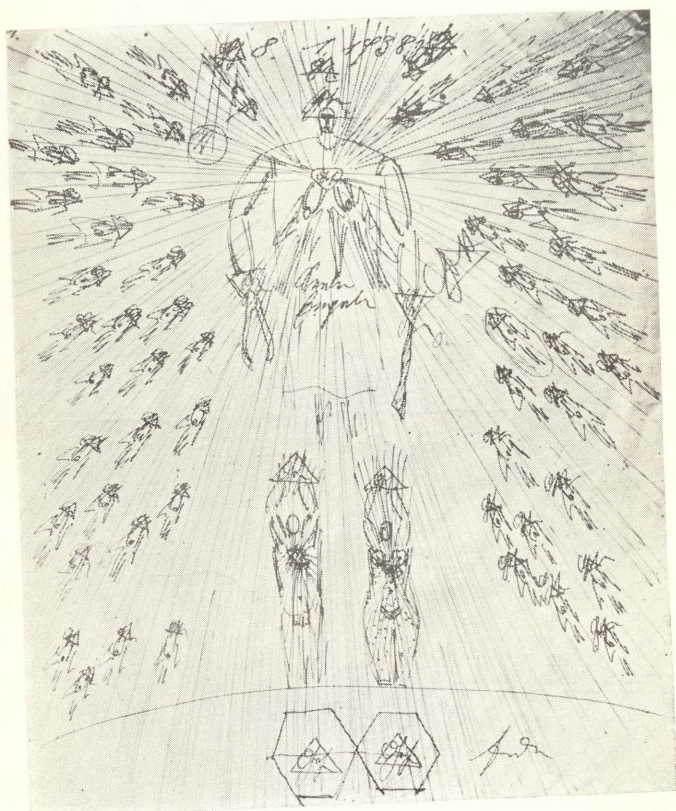


FIGURE 9

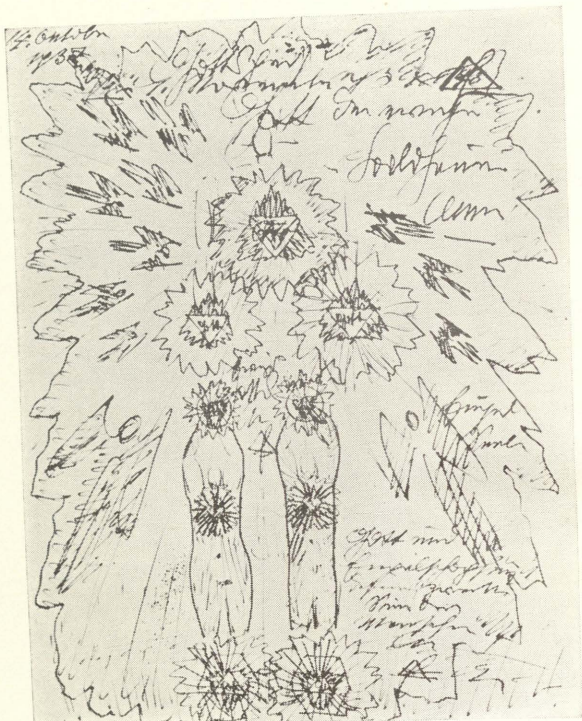


FIGURE 10

suggested an altar; the holy sword, lying on what represented the mensa of the altar, as its center. It was flanked by two wooden busts, one of them portraying his fiancée.

We had several occasions to observe how the patient performed sorcery with sword and symbols. An attendant with whom he had had a minor controversy happened to pass. The patient made a cross next to a skull on one of his drawings, pressed his sword against his heart in a solemn gesture and said, 'Holy sword, only salvation'. Then he covered the cross with it and said that by this action he had destroyed the attendant. On the day after he was denied the certificate for his landlord, he took a paper napkin out of his pocket, folded it triangularly, drew a triangle on it which he hatched black and pronounced: 'Eternal darkness, eternal God, now God is acting, everything is all right, now'.



In some of the drawings damnation is the only theme: in the center we find the sword (upper part of Figure 3), dividing 'eternal hell' in two parts. The crosses represent dead souls or corpses, but, adds the patient, in drawing one cross next to the other he causes the destruction of his enemy. In image magic he uses the typical schizophrenic handling of concepts with which we are familiar in the schizophrenic usage of words and which he extends to that of shapes. Hence the network (Figure 3 a) means, 'The dice are cast. The grating is shut, imprisoned.' Thus while the individual squares are seen as dice, their summation is seen as grating. The black band in Figure 3 represents 'many graves' and at the same time the street in which he used to live—'there never was a bigger grave than L street'. (The lower drawing represents graves of the Catholic clergy, the many small ones those of priests, the squares those of the hierarchy.)

To return to Figure 1, the sphaera, a theme that he repeated time and again with small variations: its arrangement is probably influenced by Italian frescoes of the seventeenth century. On the ceiling of many a rotund chapel one sees angels flying toward a celestial center, thus conveying the impression of a centripetal movement. The patient seems to have elaborated

on such a model. In the center there is 'the throne of God', an upright triangle with seven arcs. The inscription reads: 'Berlin, eternal city of God for all the people on earth'. From this center radiate rays of light, crossing the border of the sphaera. Angels are flying toward the center on these rays, those closest to the center carrying the victor's wreath. There are several triangles with his signature and inscriptions above and beneath the drawing.

On some of the drawings (as Figure 4) we find in the corners the symbols of hell and damnation that we have just discussed. We therefore believe that in endlessly redrawing 'Berlin', with the throne of God as city of light and center of the universe, the patient not only professes a political program—National Socialist Berlin as a world center—but that the drawings are at the same time a magic means of bringing about the fulfilment of this program; hence the repetition of the signature which reasserts validity. This seems like a compulsive ritual to silence the remaining rational part of his ego which still doubts his omnipotence.

The angels with which the sphere is populated are asexual and/or bisexual beings: 'Angels', he says, 'represent the spiritual conception from the heart. God's creation of angels is the deepest meaning. If two human beings feel the deep urge and want to testify God and the creation of angels, a new being emerges, a creation of God and angels comes about. The desire to love each other arises also without begetting a child.'

The angels are sometimes replaced by interlocked triangles; they form a star of David from which a bundle of rays like the tail of a comet emanates (Figure 5). The patient explained this triangle as follows: 'Always one, the form leading back, the streaming in and leading back. The female casting aside, not leading back and the male. The rays are united. The female torso:  and the male:  which streams inward.' Under the tail of the rays is another triangle, pointing toward the center. Thus the upright triangle is the male principle, the triangle pointing downward the female. The combination of both results in 'Unity'. He describes

sexual union in marriage thus: 'Marriage has been destroyed by the Old Testament, by the Jews. This was the original sin of Adam and Eve which closed the gates to paradise.' The patient and his fiancée are going to reopen them. He also refers to marriage as the 'holy wafer'. 'Every conception is through the holy ghost. *God sculptured semen and egg and united them.* The male semen enters the woman and pervades the blood. It is the holy wafer. Marriage is the holy wafer permeated with rays or semen.' The interlocked triangles with the tail of rays, therefore, also suggest semen. Finally, he refers to the earth as the holy wafer presented to him by his mother.

To turn to one of the patient's largest drawings (Figure 6), an image of the universe vaguely influenced by medieval wall paintings. The upper part depicts the throne of God in greater detail. Seven figures are seated in the seven arcs. In the middle, God, to his right and left the patient and his fiancée, and to their right and left their respective parents. Each holds on his lap a globe on which we see a sign which resembles the letter 'M', but in fact represents an angel. In commenting upon this detail the patient says: the angel represents 'the sculptor whom everybody possesses in his heart'. Each figure is crowned by a triangle serving as a halo. To each figure one day of the week is assigned but, says the patient, '7-5-3-1' is '*the great unity*'. Behind and above God is a female figure: 'God containing the mother', though the female really represents God. Unity here clearly means bisexuality. Sex differences are eliminated and both sexes are combined in one being. God is split into male and female yet both are united under one arc. The patient and God are as we know one and the same, and the 'female' nature of God is ever present in the patient's mind; he claims that Josephine and he are 'one and the same', he speaks of 'God mother' who 'established peace on earth with her sword' or of 'God containing the mother'.

In the lower section of the drawing the bell shaped configuration stands for the existing world. It is of phallic shape yet also suggests a uterus. It is divided into irregularly shaped

sections, somewhat like a geographical map, representing the different countries of Europe: the Reich, Austria, Italy, Russia, France, etc. The arrangement signifies their successive absorption into the Reich. In the section representing the Reich we find another version of the throne of God. This time only one figure, God or the patient, is seated on a throne, the globe on his lap, holding a scepter and sword. Directly above him, forming the tip of the bell shaped configuration which protrudes between the gates of paradise is again the sphaera. It is divided into halves by a standing figure, God or the patient carrying the globe. Above him flies an angel, Hitler, about to place the victor's wreath on his head. The gates to paradise are flanked by two angels, the patient and Josephine. The gates form the connection between the upper and lower half of the picture. They are open—the two worlds can merge because the 'great unity', bisexual peace, so to speak, reigns.

The idea of a bisexual unity finds a variety of expressions in the patient's works. In an impressive drawing (Figure 7), which he entitles 'God Father Himself', three tall figures stand on columns. God is in the middle, his right hand on the patient's shoulder, his left on Josephine's, extended in a gesture of blessing. The patient carries the globe with an angel standing on it. Josephine's folded arms rest on another globe which covers her abdomen like a shield. A bell shaped configuration enters the globe from below. The columns are entwined by garlands, the outer ones by one garland each, wound in different directions, the middle by two which cross each other. He explains: 'On the outer columns everything is separate, one heart differs from the other. In the middle column we see union, completion. The downward movement and the woman leading back, because the father is all one. The stream leading downward and the woman leading back.'

The theme or 'motifs' which we have hitherto described occur both in isolation and in combination. One of these combinations (Figure 8) adds somewhat to our understanding. It represents an ostensory and therefore suggests the problem of oral incorporation because from the ostensory comes the

host offered by the priest to the faithful during holy communion. The patient expresses these ideas in his own words: 'The world is seen as part of God, as incorporated in him and part of him'. The foot of the ostensory is framed by the lower part of God's body. His head, chest and arms are barely visible in outline in the two concentric circles of the upper half. His hands are joined exactly at the place where the gates of paradise are located. The inner circle is the usual sphaera, here called 'Valhalla' by the patient. The outer circle represents: 'The holy creation, like a gigantic girdle. The holy wafer has to be put around, it is all embedded in God's body. I had to portray the spirit somehow.' The 'holy wafer' seems also to refer to oral conception: 'Only when the holy wafer is fulfilled on Josephine will the gates to paradise be reopened'. Above the seated figure of God in the lower half is Hitler again as an angel with the victor's wreath. The picture is entitled 'Pax' and the patient said he had sent it to Hitler.

The patient's identification with God the creator can best be studied when we turn to two drawings representing subjects less frequently portrayed: In Figure 9, God himself sculptures the human couple. We see a man and a woman standing with uplifted arms, carrying the triangle, and above them God, the sculptor, with a modeling tool and compasses. From his heart seem to hang two angels, almost like breasts. They are called 'soul angels'. The female body is filled with little dots (semen). Both are standing on hexagons which represent corpses or coffins, but 'flooded waiting for resurrection'. The picture portrays: 'the beauty of creation. God sculptures semen and egg. He breathed his own immortal soul into every being of his creation . . . Pregnancy, everything flooded, just as in the case of Mary. There is no other pregnancy. A permeated marriage. Everything is spirit. I became the sculptor, because the sculptor is the highest. Now it became true that I am the great sculptor, here you see him. There is no conception without spiritual conception. The truth has been destroyed.'

In a variation of the same subject (Figure 10)—described by the patient as ‘man and woman in the process of being sculptured’—God is barely visible. Instead, there are three triangles, surrounded by flames. Two seem to replace the two angels on God’s breast in the former picture. The whole drawing and the coffins are also encircled by flames. This represents ‘the heart being set afire’. He said that he never had ‘brain thoughts’, only ‘heart thoughts’. He used to think with his heart and its softness prevented him from taking action. Since his heart and spirit are dead he no longer has any feelings, but the moment he begins to feel again all of humanity will be embedded in love. ‘The flames around the coffins show that they are flooded with life.’ The angels flanking the couple are ‘the spiritual conception from the heart’. These two drawings clearly illustrate his identification with God as the sculptor. As he said, ‘When I draw that, it is God within me; it is God himself’.

DISCUSSION

The Course of the Psychosis

Neither the patient’s delusions nor any of the general clinical aspects of the case are unusual enough to warrant further discussion. We therefore turn to some of the various problems raised by his psychotic productivity. They are highly complex and our data are fragmentary. All we can hope is to present some hypotheses.

Our information about the patient’s prepsychotic personality is too meager to indicate any definite link between his delusion and earlier experiences. We know nothing about his behavior in the interim between the first two attacks. After his second attack in 1935 he lived in misery, withdrawn from the world. His sole companion, the housekeeper, participated in his delusions. In June 1937 he suddenly started to draw. We are led to believe that this marked the onset of the third attack which, eight months later, led to an outburst of rage.

In attempting to explain the function of the drawing activity

in the patient's psychosis we start from the assumption that he had an experience of *Weltuntergang*; he would talk of himself as dead and refer to his loss of feeling. We furthermore assume following Freud's analysis of Schreber's delusion, that his psychotic system is to be explained as an attempt to recapture a world that threatens to slip away.

Within this general framework the drawing spell has two functions which are so closely linked together that they are here distinguished only for purposes of exposition: first, to prevent the further defusion of instincts, and second, to reassert the truth of the delusion against the patient's own doubts.

Defusion of instincts refers here to the juxtaposition of the wish to destroy an existing world on the one hand, and to construct a fantastic world on the other. The mounting urge to magical creation indicates, according to this hypothesis, the growing conflict between the two tendencies. The attempt fails; destruction becomes paramount. After the outburst of rage comparative calm is established. He ceased to draw and when questioned why, replied, 'I am through, everything is accomplished for eternity!'

The sequence of outburst and cessation of creative activity is familiar: a case of Morgenthaler showed it in various subsequent phases. A patient of Prinzhorn's (47, p. 255) stopped drawing and explained, 'that it was no longer necessary'. In the future he would simply dust graphite on paper and force it into lines and shapes with his eyes. The growing narcissistic regression could hardly be better exemplified.

The second function of the spell to create seems to be a reassertion of the truth of the delusion. When in doubt the patient reasserts the validity of his verdicts by re-signing them with one of the magic triangles of blessing or damnation.

Only once during the period of our observation did the patient draw spontaneously, when he heard about his imminent eviction from his studio. We reported how anger and disappointment gave way to ecstasy. He went around smiling, shook hands with everybody, and proclaimed that now he was fully God. He asked for paper and drew the sphaera, calling

it 'the kingdom of heaven with the doors of paradise'. Thus when humiliation at the hands of reality threatened, and the intact part of his personality responded to reality, magical production served to reassert the delusion.

The Identity with God

We are unable to explain the fact that the patient implemented his delusion by creation only during his third attack, unless it was due to the greater intensity of this attack. The difference in intensity is best exemplified by his relation to God: during the second attack he claimed to fulfil the will of God, during the third he felt he *was* God. The progression of the psychosis is also shown in the increased systematization of his delusions.

His identification with God, the creator of man and the builder of the universe, has specific meaning for him. Occasionally he describes his relationship with God in terms of the medieval artist's guilds: first God's apprentice, then his helper, finally the master himself. One of the earliest of his psychotic drawings was done on the margin of a poem by Emanuel Geibel, entitled *Die Sehnsucht des Weltweisen* (a philosopher's yearning), in which God's power to give shape to man is extended from the corporal to the spiritual sphere.

All artistic creation tends to be linked to the Divine. In summarizing briefly what can be learned from myth, folklore and literary tradition, it seems appropriate to distinguish two main types of relationship with God: one in which the artist is God's rival and the other in which he is his tool (25).

The first relationship, the artist as God's rival, appears most frequently in the creation of imagery. Those who create animate men and thereby violate divine prerogatives are punished, like Prometheus, Dædalus or Hephaistos. Interdicts of imagery to protect the divine from magical practice prevail over centuries in many cultures. Such attitudes live on in the literary tradition and folklore dealing with the artist. Painters conclude pacts with the devil in order to compete with God, while builders, heirs to the builder of the tower of Babel,

commit suicide. These thoughts are rarely absent in the unconscious of the practicing artist; he is always supreme in the world he creates. In schizophrenic delusions similar thoughts are fully expressed: a patient of Nunberg (44), who rubbed off the skin of her breast and molded it, claimed that she formed man in Godlike fashion. A sculptor whose life Kris investigated (24) believed that the Gods were jealous of his secret knowledge and therefore persecuted him.

The second type of relation, that in which the artist acts as the tool of the Divine, is even more universal. Its nucleus is inspiration. The underlying psychological mechanism is familiar: an unconscious thought is externalized and when it reaches consciousness is experienced as if it came from the outside. Myth and religious beliefs name the Deity as the outside source. If the artist is thus inspired he is free to speak of what otherwise cannot be mentioned (42) or to give life to creation in imagery.

Our patient approximates this type. He occasionally describes the state of creative rapture in words similar to those normally used by productive artists when they speak of their inspirational experiences; he asserts its compulsive character, the experience of being driven. But the force from the outside which inspires him does not remain outside. It is introjected (or more precisely, re-introjected); the patient becomes God himself.

There is reason to believe that all creators are in a passive relation to the Divine in inspiration, possession, or revelation. Many autobiographical reports indicate the complete passivity, and others the painfulness, of creation; hence the metaphor of giving birth to a work of art.

While we do not know nearly enough of the various types and modes of these conditions, it is worth mentioning that in certain civilizations religious inspiration clearly bears the stamp of a sacrifice of virility—certain shamans actually become female when chosen. The fertilization of the creator by God uses various orifices. Auditory and anal inspiration were stressed by Jones, oral insemination by Kris (28). The draw-

ings of the patient indicate that his modes of incorporation are manifold: God contains all, the world is in him. Man becomes woman, woman man; but both are in God and God is the patient. Thus the delusion solves the conflict of bisexual drives and in creating, the patient acts for both sexes.

The Magic Function

The patient, identified with the creator God, omnipotent and omniscient, produces no works of art. His drawings do not serve the function of communication.

Freud has discussed this very problem in one of his most essential contributions to our understanding of art. In describing the literary work of art, and differentiating dream, day-dream and novel, he said that only the novel reaches the level on which thought is communicated to others, the level where art exists; the dream is autistic, the daydream of no interest to others (52).

In his work the artist uses 'inspiration': his unconscious produces thoughts which he permits to reach consciousness provided that they are presented in æsthetic disguise (52).

This process can also be described in terms of ego psychology. When the artist creates during inspiration he is subject to an ego regression but it is a partial and temporary ego regression, one controlled by the ego which retains the function of establishing contact with an audience. The artist identified himself with his public in order to invite their participation, a participation postulating their subsequent identification with him.

No such intention prevails in our patient. He does not produce in order to communicate with others any more than he converses with others. Basically his speech is soliloquy. His drawings have even less bearing on people around him. They are verdicts or statements bearing on the future which he creates.

Part of this clearly stems from the patient's vocational training. Architects' plans are not primarily imagery but plans for future actions. One might therefore say that the patient has

simply drawn the plans not of real objects that he wishes to construct, but of a delusional world that he wishes to bring about. However, it seems that this simpler explanation does not entirely satisfy the impression we gained that drawing itself is the activity which effects the change. He not only produces images which are being used in sorcery (image magic)—although he does so in touching with his sword a name he has written down as one kills an enemy by piercing his effigy—but he also brings about magical changes in the world by the very act of drawing.

This magic function of the creative process itself is clearer in the destruction of enemies than in the construction of a new world. Perhaps we overstate the case in putting both on the same level—and yet it seems that any such distinction between the destructive and constructive function of his work would be artificial. The two authors differ to some extent on this point. One of us (Pappenheim) believes it is significant that the patient is more convinced of his destructive powers whereas he retains some critical faculties toward his constructive abilities.

The patient handles shapes as schizophrenics typically handle words. Parts are split from wholes and used independently, many meanings are condensed, etc. The primary process is paramount. Some changes are particularly significant. In Figure 6 a series of angels illustrates the transition from a resembling shape to a sign which—possibly only accidentally—forms the letter 'M'. This confirms the general rule that the closer an image is to magical thought, the less the semblance with the depicted image is required (28). The patient gave us several examples of this procedure. He abbreviated and condensed his own symbols so to speak, progressively, as for instance, in transforming the angel to the outline of the letter 'M' or in usually depicting the throne of God simply as a triangle with the seven arcs. (An alternative explanation as a transition from pictography to script meets with some difficulties.) The triangle on the other hand has many meanings.

Its model is probably the eye of God in a triangle, which is frequently found as a religious symbol in Austrian baroque. The upright blessing triangle is linked to the male, the reversed condemning triangle to the female; since no other explanation seems obvious, one is reminded that the patient refers to the sword of Mother God, and one might well see in this combination a derivation of castration fear.

Symbolisms of this kind are not 'evident', do not reverberate in others, and isolate the productions of the insane.

To return to our introduction: a comparison of the patient's creative process and of his work with that of normal artists seems to add clinical precision to Plato's distinction. The controlled and temporary ego regression during inspirational creation was described by Plato as productive insanity and only the more permanent narcissistic regression of the psychotic as a pathological process.

Although the work of the psychotic is part of magic itself, that of the normal artist is not devoid of magic. He too attempts to control a world, and in his creation there is embodied some of the magic belief. But the difference is clear in two areas: first, the normal artist creates not to transform the outer world but to depict it for others he wishes to influence; second, the task of production has a definite realistic meaning. The artist proceeds through trial and error; he learns and his modes of expression change, or his style changes. The psychotic artist creates in order to transform the real world; he seeks no audience and his modes of expression remain unchanged once the psychotic process has reached a certain intensity.

For reasons not discussed here, the search for genius in the insane has become fashionable. Clinical experience, however, demonstrates that art as an æsthetic—and therefore as a social—phenomenon is linked to the intactness of the ego. Although there are many transitions, the extremes are clear.

BIBLIOGRAPHY

1. ANASTASI, ANNE AND FOLEY, JOHN P., JR.: *A Survey of the Literature on Artistic Behavior in the Abnormal*.
 I. Historical and Theoretical Background. J. Gen. Psychol., XXV, 1942, pp. 111-142.
 II. Approaches and Interrelationships. Annals of the New York Academy of Sciences, XLII, 1941, pp. 1-112.
 III. Spontaneous Productions. Psycholog. Monograph, LII, 1940, No. 6, pp. 1-7.
 IV. Experimental Investigations. J. Exp. Psychol., XXV, 1941, pp. 187-257.
2. ———: *An Experimental Study of the Drawing Behavior of Adult Psychotics in Comparison with That of a Normal Control Group*. J. Exp. Psychol., XXXIV, 1944, pp. 169-194.
3. AUDRY, J.: *La folie dans l'art*. Lyon: Médical, 1924, pp. 631-634.
4. ASCHAFFENBURG, G.: *Allgemeine Symptomatologie der Psychosen*. Hndb. d. Psychiatrie, Allgem. T. 3. Abt. 1., pp. 421-424. Leipzig and Vienna: Franz Deuticke, 1915.
5. BECKER, P. E.: *Das Zeichnen Schizophrener*. Ztschr. ges. Neur. u. Psychiat., CXLIX, 1934, pp. 433-489.
6. BERTSCHINGER, F. K.: *Illustrierte Halluzinationen*. Jb. Ps. Psychopathol. Forschung, III, 1911, pp. 69-100.
7. BÜRGER-PRINZ, H.: *Über die künstlerischen Arbeiten Schizophrener*. In Bumke: Hndb. d. Geisteskr., IX (Spez. T. 5), 1932, pp. 668-704.
8. CAMERON, N.: *Reasoning, Regression and Communication in Schizophrenics*. Psychol. Monogr., L, No. 1, 1938.
9. CAPGRAS, E.: *Écrits et poésies d'une démente précoce*. L'Encéphale, VI, pt. 1, 1911, pp. 474.
10. EVENSON, H.: *Psychiatrie und schaffende Kunst*. Acta psych., XI, 1936, pp. 455-456.
11. FAY, H. M.: *Réflexion sur l'art et les aliénés*. Aesculape, II, 1912, pp. 200-204.
12. FAIRBAIRN, W. R. D.: *Prolegomena to a Psychology of Art*. Brit. J. of Psychol., XXVIII, 1938, pp. 288-303.
13. ———: *The Ultimate Basis of Aesthetic Experience*. Brit. J. of Psychol., XXIX, 1938, pp. 167-181.
14. FENICHEL, OTTO: *Über respiratorische Introjektion*. Int. Ztschr. f. Ps., XVII, 1931, pp. 234-255.
15. FREUD: (1908) *The Relation of the Poet to Daydreaming*. Coll. Papers, II, p. 173.
16. ———: (1924) *Neurosis and Psychosis*. Coll. Papers, I, p. 250.
17. ———: (1911) *Psychoanalytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*. Coll. Papers, III, p. 390.
18. GUTTMANN, E. AND MACLAY, W. S.: *Clinical Observations on Schizophrenic Drawings*. Brit. J. Med. Psychol., XVI, 1937, pp. 184-204.
19. HUTCHINSON, ELIOT DOLE: *The Period of Frustration in Creative Endeavor*. Psychiatry, III, p. 353.
20. JASPERS, K.: *Strindberg und Van Gogh*. Berlin, 1926.

21. JONES, E.: The Madonna's Conception Through the Ear. In *Essays in Applied Psycho-Analysis*. London: Int. Ps. Press, 1923.
22. KASANIN, J. S.: *Language and Thought in Schizophrenia*. Berkeley: Univ. of California Press, 1944.
23. KIRSCHBAUMER, L.: *Poetry in Schizophrenia and Other Psychoses*. J. Nerv. and Ment. Dis. XCI, 1940, p. 141.
24. KRIS, ERNST: *Ein geisteskranker Bildhauer*. Imago, XIX, 1933, pp. 384-411.
25. ———: *Zur Psychologie älterer Biographik*. Imago, XXI, 1935, pp. 320-344.
26. ———: *Bemerkungen zur Bildnerei der Geisteskranken*. Imago, XXII, 1936, pp. 339-370.
27. ———: *On Inspiration. Preliminary Notes on Emotional Conditions in Creative States*. Int. J. Ps., XX, 1939, pp. 377-389.
28. ———: *Probleme der Ästhetik*. Int. Ztschr. f. Ps. u. Imago, XXVI, 1941, pp. 142-178.
29. ———: *Art and Regression*. Transactions of the N. Y. Academy of Sciences, VI, Ser. II, No. 7, May 1944, pp. 236-250.
30. ———: *Approaches to Art*. In *Psychoanalysis Today*. New York: Int. Universities Press, 1944, pp. 354-370.
31. LANGE-EICHBAUM, W.: *Genie, Irrsinn und Ruhm*. 1928.
32. LEVEY, HARRY B.: *A Theory Concerning Free Creation in the Inventive Arts*. Psychiatry, III, 1940, pp. 229-293.
33. LEWIS, N. D. C.: *Graphic Art Productions in Schizophrenia*. Proc. Assn. Res. Nerv. Ment. Dis. for 1925, V, 1928, pp. 344-368.
34. LIPS, E.: *The Savage Hits Back*. New Haven: Yale Univ. Press, 1937.
35. LISS, E.: *The Graphic Arts*. Amer. J. of Orthopsychiat., VIII, 1938, p. 95.
36. LOWENFELD, HENRY: *Psychic Trauma and Productive Experience in the Artist*. This QUARTERLY, X, 1941, pp. 116-130.
37. MACLAY, W. S., GUTTMANN, E., MAYER-GROSS, W.: *Spontaneous Drawings as an Approach to Some Problems of Psychopathology*. Proc. Royal Soc. Med., XXXI, 1938.
38. MASCHMEYER, E.: *Ein Beitrag zur Kunst der Schizophrenen*. Arch. f. Psychiat., LXXVIII, 1926, pp. 510-521.
39. MERZBACH, A.: *Symbolische Selbstzeichnungen aus der Psychose eines Jugendlichen und ihre Verwertbarkeit*. Ztschr. f. ges. Neur., CXXVII, 1930.
40. MORGENTHALER, W.: *Übergang zwischen Zeichnen und Schreiben bei Geisteskranken*. Schweizer Arch. f. Neur. und Psychiat., II, 1918, p. 255.
41. ———: *Ein Geisteskranker als Künstler*. Arb. angew. Psychiat., I, 1921.
42. MUSCHGG, W.: *Psychoanalyse und Literaturwissenschaft*. Berlin, 1930.
43. NAECKE, P.: *Einige Bemerkungen bezüglich der Zeichnungen und anderer künstlerischer Äusserungen von Geisteskranken*. Ztschr. f. ges. Neur., XVII, 1913.
44. NUNBERG, H.: *Allgemeine Neurosenlehre*. Berne-Berlin: Hans Huber, 1932.
45. PRINZHORN, H.: *Das bildnerische Schaffen der Geisteskranken*. Ztschr. f. ges. Neur., LII, 1919, pp. 307-326.
46. ———: *Gibt es schizophrene Gestaltungsmerkmale in der Bildnerei der Geisteskranken?* Ztschr. f. ges. Neur., LXXVIII, 1922, pp. 512-531.
47. ———: *Bildnerei der Geisteskranken*. Berlin: Verlag Springer, 1922.

48. REGIS, E.: *Les aliénés peints par eux-mêmes*. L'Encéphale, II, 1882, pp. 184-188, 373-382, 547-564.
49. REITMANN, F.: *Facial Expression in Schizophrenic Drawings*. J. Ment. Science, LXXXV, 1939, pp. 264-272.
50. RÉJA, H.: *L'art malade: dessins de fous*. Revue universelle, I, 1901, pp. 912-915, 940-944.
51. ———: *L'art chez les fous*. 1907.
52. SACHS, HANNS: The Community of Daydreams, and Personal and Impersonal Art. In *The Creative Unconscious*. Cambridge: Sci-Art Publishers, 1942.
53. SAPAS, E.: *Zeichnerische Reproduktion einfacher Formen durch Geistes- kranke*. Schweiz. Arch., IV, 1918, p. 143.
54. SCHILDER, P.: *Wahn und Erkenntnis*. Berlin: Verlag Springer, 1918.
55. ———: *Seele und Leben*. Monogr. Gesamtgebiet d. Neur. u. Psychiat., XXXV, 1923.
56. ———: *Goals and Desires of Man*. New York: Columbia Univ. Press, 1942.
57. SCHUBE, P. G. AND COWELL, J. G.: *Art of Psychotic Persons*. Arch. of Neur. and Psychiat., XLI, 1939, p. 711.
58. SHARPE, ELLA: *Certain Aspects of Sublimation and Delusion*. Int. J. Psa., XI, 1930, pp. 12-23.
59. ———: *Similar and Divergent Unconscious Determinants Underlying the Sublimations of Pure Art and Pure Science*. Int. J. Psa., XVI, 1935, pp. 186-202.
60. VILLAMIL, J. P. L.: *Matiz intenso de religiosidad en el contenido inconsciente del psiquismo humano*. Los progresos de la Clinica, No. 254, Madrid, 1933.
61. VINCHON, J.: *L'art et la folie*. Paris, 1926.
62. ———: *L'art dément*. Aesculape, XVII, 1927, pp. 163-167.
63. WEYGANDT, W.: *Zur Frage der pathologischen Kunst*. Ztschr. ges. Neur. u. Psychiat., XCIV, 1925.
64. WHITE, W. A.: *The Language of Psychoses*. Amer. J. of Psychiat., IV, 1930.
65. ZIMMERMANN, J. AND GARFINKEL, L.: *Preliminary Study of the Art Production of the Adult Psychotic*. Psychiatric Quarterly, XVI, 1942, pp. 313-318.

TELEPATHY AND PROBLEMS OF PSYCHOANALYSIS

BY JULE EISENBUD, M.D. (NEW YORK)

I

One of the most remarkable facts in the history of the psychoanalytic movement is the indifference with which Freud's publications on the subject of telepathy have been received, an indifference all the more significant in the light of the exegetical tendencies not uncommonly present among Freud's followers. In the more than twenty years that have elapsed since Freud's first publication on the subject in 1922, scarcely more than a half dozen psychoanalytic authors have made clinical contributions to the field, and most of these have published single communications followed by strange and enduring silences.

In contrast to the paucity of psychoanalytic contributions in the field of telepathy and allied phenomena there exists an extensive and provocative literature on the subject which has been developing in other quarters, much of it of the highest scientific caliber. For the past nine years *The Journal of Parapsychology*, a quarterly publication devoted principally to statistical and experimental work, has been appearing from Duke University, and in 1938 the American Psychological Association devoted a symposium to the consideration of extrasensory perception. For some years, furthermore, a growing number of highly trained investigators have been concerning themselves with extrasensory perception and other parapsychological phenomena as a fruitful field of enquiry legitimately held to be within the scope of general psychology.

II

Although Freud was not the first psychoanalytic observer to draw attention to telepathy as a phenomenon with possi-

Read in part before the New York Psychoanalytic Society, November 27, 1945.

bilities for analytic interpretation,¹ he was the first, as far as I am able to determine, to suggest that its *modus operandi* might profitably be studied in the psychopathology of everyday life and in the analytic situation. When he brought up the subject for the first time in 1922² Freud claimed to have only one observation at his disposal. This instance was that of a man (a correspondent, not a patient) who dreamed that his second wife had had twins and a day later found out that at the time of the dream his daughter by his first wife, who lived some distance away, had given birth to twins, the confinement occurring about a month earlier than the expected date. With characteristic canniness and circumspection, Freud declined to seize upon this as a demonstration or even an evidence of telepathy. Having first scouted a number of alternative hypotheses, he simply took the position that if one made the assumption of telepathy, then an acceptable interpretation of the dream lay readily to hand. In such a case, one would have to allow that the unconscious wish that the daughter replace the wife had combined with the telepathic communication to produce the dream as altered by the dream work. Psychoanalysis, he asserted, had discovered a possible telepathic event which otherwise would not have been recognized as such.

At the time of this publication, Freud carefully refrained from taking a position one way or the other on the reality of telepathy. He had never himself had a telepathic dream, he claimed, nor had any of his patients in twenty-seven years of analytic practice. Nevertheless, he returned to the subject in 1925 with a somewhat more positive attitude. At this time he writes:³ 'If reports of telepathic occurrences (or, to speak less exactly, of thought transference) are submitted to the same

¹ Stekel, W.: *Der telepathische Traum*. Berlin: Johannes Baum Verlag, 1920, 44 pp.

² Freud: *Traum und Telepathie*. *Imago*, VIII, 1922, pp. 1-22. Trans. *Dreams and Telepathy*. *Int. J. Ps.*, III, 1922, pp. 283-305.

³ Freud: *Ergänzungen und Zusatzkapitel zur Traumdeutung*. *Ges. Schr.*, III, 172-184. Trans. *Some Additional Notes upon Dream-Interpretation as a Whole* (1925). *Int. J. Ps.*, XXIV, 1943, pp. 71-75.

criticism as stories of other occult events, there remains a considerable amount of material which cannot be so easily neglected. Further, it is much more possible to collect observations and experiences of one's own in this field which justify a favorable attitude to the problem of telepathy, even though they may not be enough to carry an assured conviction. One arrives at a provisional opinion that it may well be that telepathy really exists and that it provides the kernel of truth in many other hypotheses that would otherwise be incredible.' Freud centers his discussion upon the analysis of a prophecy that had been given to one of his analytic patients by a fortune-teller some years before. The patient had been told that by the time she was thirty-two years old she would have two children, but the prophecy had not been fulfilled. The woman, now forty-three, was still childless. Analysis revealed, however, that at the time of the seance, the prophecy represented the strongest unconscious wish of the sitter which, Freud suggests, the fortuneteller had telepathically (and, of course, unconsciously) perceived. 'All of this', concludes Freud, 'has only this much to do with dreams: if there are such things as telepathic messages, the possibility cannot be dismissed of their reaching some one during sleep and being received by him in a dream. Indeed, on the analogy of other perceptual and intellectual material, the further possibility arises that telepathic messages received in the course of the day may only be dealt with during a dream of the following night. There would then be nothing contradictory in the material that had been telepathically communicated from being modified and transformed in the dream like any other material.'

For eight years, following his remarks in 1925, Freud kept his silence on the subject of telepathy. Then, despite his admitted and, I am sure, readily understandable ambivalence, he pushed his observations somewhat further when he took up the subject once again in the New Introductory Lectures on Psychoanalysis.⁴ Here he reviews once more the instance of the dream of the birth of twins, and also the case of the

⁴ Freud: *Dreams and the Occult in New Introductory Lectures on Psychoanalysis*. New York: W. W. Norton & Co., 1933.

unfulfilled but psychologically satisfying prophecy. He goes on to mention a whole set of such prophecies which he had collected where analysis revealed that in every instance the fortuneteller had merely given expression to the thoughts and particularly the secret wishes of the clients. Taking all the evidence together, he concluded, there remained a heavy weight of probability in favor of thought transference.

The final example cited by Freud in this communication had to do with the phenomenon of telepathic interplay between the analyst and the patient during the analytic hour itself. Freud's patient was a man who was deriving no particular benefit from the analysis other than the feeling of security and comfort arising from a pleasant relationship to a kind and tolerant father figure. It had been agreed between Freud and this patient that the analysis would be brought to a close as soon as the end of the war permitted Freud to resume his analyses with students from other countries. The day came, finally, when the end of the patient's analysis was heralded by the arrival of a visiting physician from England. While the patient had no way of knowing consciously that this event had occurred, he nevertheless exhibited in his associations, in such a fashion that it required analysis to disentangle the threads, unmistakable jealousy of the rival for Freud's attentions who had just appeared on the scene. The patient, moreover, far from being conscious of the meaning of his associations, might have been completely baffled if confronted with an interpretation based upon facts of whose existence he had no conscious knowledge. Freud gives no indication that he communicated such an interpretation to the patient but simply asserts that as far as he was concerned, similar observations on the part of other analysts, if confirmed, would 'put an end to any remaining doubts of the reality of thought transference'.

It happens that similar observations have been made without, however, putting an end to any one's doubts except those of some of the observers. Clinical material reported by other analysts has amply borne out Freud's hypothesis that telepathy is an activity of the unconscious mind and that the laws of unconscious mental life could be taken for granted as apply-

ing to telepathic activity however it might manifest itself in the behavior of the individual.⁵ Despite these contributions the subject of telepathy has won little notice in analytic circles and, except for occasional articles of critical import⁶ in which, on the whole, the hypothesis was neither advanced nor convincingly attacked, an attitude of fairly complete apathy and disinterest has held the field.

III

The reticence and reserve of psychoanalysts in connection with a subject that has occasioned such widespread interest and bitter controversy in other psychological circles is itself a phenomenon worthy of consideration. Freud recognized⁷ that analysts had a right to be somewhat more distrustful of the 'occult' than other investigators since they were only too well aware that the stern discipline imposed by reality often leads to an inclination to credit the miraculous, the supernatural and the irrational. Nevertheless, Freud asserted that the reluctance to view the data springing from 'occult' sources must be overcome. The matter is simply a question of fact and ought to be capable of decision by observation. As to our intellectual

⁵ Deutsch, Helene: *Okkulte Vorgänge während der Psychoanalyse*. Imago, XII, 1926, pp. 418-433.

Róheim, Géza: *Telepathy in a Dream*. This QUARTERLY, I, 1932, pp. 277-291.

Hollós, István: *Psychopathologie alltäglicher telepathischer Erscheinungen*. Imago, XIX, 1933, pp. 529-546.

Burlingham, Dorothy T.: *Child Analysis and the Mother*. This QUARTERLY, IV, 1935, pp. 69-92.

Servadio, Emilio: *Psychoanalyse und Telepathie*. Imago, XXI, 1935, pp. 489-497.

Ehrenwald, Hans: *Telepathy in Dreams*. Brit. J. Med. Psychol., XIX, 1942, pp. 313-323.

Fodor, Nandor: *Telepathic Dreams*. Amer. Imago, III, 1942, pp. 61-85.

⁶ Hitschmann, E.: *Telepathie und Psychoanalyse*. Imago, IX, 1923, pp. 368-382.

Schilder, Paul: *Psychopathologie alltäglicher telepathischer Erscheinungen*. Imago, XX, 1934, pp. 219-224.

Saul, Leon J.: *Telepathic Sensitiveness as a Neurotic Symptom*. This QUARTERLY, VII, 1938, pp. 329-335.

⁷ Freud: *New Introductory Lectures on Psychoanalysis*. Loc. cit.

resistances, Freud warns us that such prejudices were inimical to psychoanalysis itself when it brought forth the discovery of the unconscious.

One's intellectual prejudices against 'paranormal' psychological phenomena are likely to be considerably undermined if one investigates the nonanalytic literature on the subject and takes the trouble to integrate the data and correspondences provided in some of the standard works in the field.⁸ Nevertheless, when one has occasion to deal directly with possibly telepathic phenomena in analysis, a favorable attitude toward the subject thus gained is apt strangely to desert us as suspicion and incredulity once more urge us to minimize or disregard the events observed. One soon becomes aware that the resistance opposing any inclination to give the hypothesis earnest consideration is far more powerful than we might have supposed; and it is not difficult to convince oneself that such resistance springs from deep unconscious sources. An example or two may make this clear.

A middle aged patient brings in a dream in which she sees Mrs. X, a casual acquaintance whom she has not seen in some months, leading a group of children down a steep incline. Suddenly one of the tots starts to run ahead and before any one can prevent it, the child plunges headlong into a ravine and goes hurtling downward. The dream lends itself to fairly simple analysis in terms of the patient's childhood and current conflicts. She was the oldest of five children and had on four childhood occasions to struggle with destructive wishes against discernible but still unborn siblings. She is now repeating the process in relation to her daughter-in-law whose first pregnancy she obviously wishes to see terminated in a miscarriage. Question arose only in connection with the representation of her daughter-in-law by

⁸ Gurney, E., Myers, F. W. H., and Podmore, F.: *Phantasms of the Living*. Abridged ed. London: Kegan Paul, 1918.

Warcollier, René: *Experiments in Telepathy*. New York: Harpers, 1938.
Rhine, J. B., Stuart, C. E., Pratt, J. G., Smith, B. M., and Greenwood, J. A.: *Extra-Sensory Perception after Sixty Years*. New York: Henry Holt & Co., 1940.

the figure of Mrs. X in the dream. True, the dream fusion had incorporated one or two tenuous linkages between the two, but not enough by any means to account for the specificity of the substitution. Three days afterward, however, the patient happened to learn that Mrs. X, whom she had not seen in many months and of whose pregnancy she had been totally unaware, had had a miscarriage on the night of the dream. On two other occasions in the space of a year this patient had dreams in which the telepathically perceived miscarriage of an acquaintance figured. In the first of these she represented the event by the symbol of losing the contents of a purse. On the last occasion she did not bother with distortion but pictured the event as it actually occurred—in the bathtub.

Another example:

A patient dreams: *'I went with my wife to a movie. It seemed like a midnight performance. The cashier in the box office had some baguettes with him as if he were a diamond dealer. He gave me a check for \$X as a sort of refund.'* The dreamer's association to 'refund' was his feeling of having been overcharged by two physicians whom he had consulted before coming to me for psychoanalytic treatment. This was obviously a substitution for a feeling of resentment at being mistreated by me, the basis of this resentment becoming clear in connection with his associations to 'baguettes'. On the previous evening the patient had paid a visit to a friend who dealt in diamonds and to whom the patient had applied for advice concerning a type of stone called 'baguette', one of which his business partner had just given to his wife as an anniversary gift. The patient also was considering giving such a gift to his wife and wanted to know something about the value and appropriateness of this kind of diamond. As it happened, the patient's friend, the jeweler, was in somewhat low spirits during the evening because he had just sent his only child off to a college two thousand miles away, and he expressly cautioned the patient and his wife against having only one child. On the way home the patient's wife seized the opportunity to speak again of her wishes for a second child, an idea the patient was reluctant to entertain,

preferring, instead, to make his wife the gift of a baguette. The dream utilizes the possibilities of a pun on the word 'baguette' (pronounced like 'beget') to effect the substitution of one idea arising in association with the previous evening for another, since the connecting link is the friend who is a purveyor both of the gem 'baguette' and the idea of 'beget'. The dream may be interpreted as a fear that the analyst (cashier in the movie) will uncover the patient's inhibitions anent sexual intercourse (a midnight performance) and will take the side of the patient's wife by trying to sell the idea of 'beget' (the cashier strangely deals in baguettes). The patient feels resentful at this and protests that if this is the way the analysis is going to go, then he is being swindled, just as he felt himself taken in by the earlier two physicians who did absolutely nothing for him and demanded outrageous fees. If I, the analyst, am going to insist on forcing the issue of 'beget', then the patient wants a refund.

Everything in the analysis of this dream (even the suggestion that the root of the patient's sexual inhibitions was related to primal scene material) fitted together very nicely—except for one fact: no specific determination for the idea of a refund was to be found in the patient's associations. Nor would I have expected it to be, since the idea was filched directly from the 'day's residue' of *my* experience. I had just sent a check (note that it was a check too in the dream, not currency) for the precise amount of \$X as 'a sort of refund' to a refugee who had sent me in payment for a consultation an amount I considered entirely out of proportion to her circumstances. My analytic patient, it seems, was not going to allow this favoritism to pass without a demur. He too was a refugee, as it happened, and for this reason, if for no other, felt an equal claim to my benevolence.

It turned out, curiously, that this patient was not alone in feeling slighted. An analytic hour following his on the same morning was interrupted several times by telephone calls. Following one of these interruptions my female analysand remarked: 'I'm sure that if you added up all the time you take for these phone calls, it would certainly amount to an

hour by the end of the analysis. I think that at the end *you ought to give me a check for \$X as a refund.*' Again the precise amount of \$X, and again the insistence on a *check*. Had I not many times before observed this woman making similar remarks when competitively goaded on by a telepathic rivalry with some other patient, I might have ascribed the present remark to pure coincidence.⁹

On surveying such material as the foregoing, one is naturally prompted to heed any alternative hypothesis that might render the assumption of anything like telepathy superfluous. One is inclined to check each episode for the possible contribution of sensory cues, of intuition, of the exquisitely complex unconscious calculations which we know to be a nightly pleasure of the dullest dreamer and, finally, one does not neglect to scan the material for the possibilities of interpretative extravagance to which one may unwittingly, but none the less purposefully, lend oneself. Here one may find a loophole, there a possible leak, here again a tantalizing ambiguity, and there again the question of a chance factor. One finds oneself weighing, evaluating, appraising, but all to little purpose: the disturbing sense of the miraculous persists and, although with each new episode we are seized all over again with the overwhelming conviction that only telepathy could account for the facts observed, the lapse of a few hours finds us once more doubting the reality of the extraordinary and by now alien experience, haunted still by the need for definite, clear, absolutely unequivocal proof.

One is led to suspect that the source of the resistance against dealing easily with such material must be the need to hold tightly in repression one's infantile narcissistic inclinations toward magic and the belief in the omnipotence of thought. Freud pointed out that it is only with the greatest difficulty that we relinquish such trends as we learn gradually to accept the stern demands imposed by reality, and he quite rightly suspected this to be the source of the omnipresent human trend

⁹ This, for reasons that will appear later, is the only instance in my experience where telepathy brought to light a commendable impulse on my part.

toward superstition and the search for the miraculous. But the coin has another side to it: once we have learned to overcome our infantile strivings, we are quite susceptible to the development of anxiety whenever these strivings threaten to emerge from repression, and it is precisely the danger of being overwhelmed from this quarter which forces many of us to develop rather rigidly effective reaction-formations against our more primitive trends. This, it need hardly be emphasized, is particularly true of those who turn to science as a way of life. Thus while we indulge ourselves with great pleasure in stories of the occult and the supernatural, in whatever escapes into the miraculous and the mysterious that the stage and screen are able to offer us, it is decidedly otherwise when we are faced in actuality by occurrences which beckon us to the all but forgotten world of childhood where fantasy is king. The so-called occult is no threat to us when we can view it with the comfortable assurance that it has no reality beyond that of the dramatic device; when it brushes by us in life itself, we have on our hands another problem entirely. In such a circumstance, we maintain our composure only by unconsciously marshaling against the unexpected event all our powers of dissociation and disbelief and setting ourselves in an attitude that we can tranquilly assume to be the result exclusively of hardheaded, critical thought.

IV

Early in my experience with paranormal processes my need for proof led me to devise experiments which, I hoped, would provide the type of demonstration I sought. As it turned out, my experiments miscarried and I found myself back where I started, when simply taking whatever analysis had to offer in the way of telepathic incident. Nevertheless I shall describe one of these experiments since, although they miscarried in the sense that they failed directly to give me the type of proof that I naïvely (I now think) demanded, they nevertheless miscarried so instructively that to have asked for more would have been base ingratitude on my part toward whatever powers concerned. In any case, the backfiring of the following experi-

ment illustrates as well as anything the air of magical happenings from which, I maintain, the well-ordered mind would normally, and from perfectly healthy instinct, shrink back.

The objective of this experiment was to effect the telepathic transmission from one person, the agent, to a second, the percipient, of a three digit number chosen at random. If successful under the conditions laid down for the experiment, the results would at once obviate the question of interpretative latitude and at the same time provide a mathematical tool for the precise calculation of the factor of chance, or the ratio of the probability of the occurrence to its improbability. The procedure of the experiment was derived from the clinical observation that the activity of telepathy is usually unconscious in both agent and percipient and functions best (at least that portion of it which is most easily observable) under conditions of not too deep repression, that is, where the material exists in the preconscious thoughts and is capable of emerging into consciousness without too much difficulty. (This topographical observation had also been made by Freud, Hollós, and, in effect, by many nonanalytic investigators.) It was thought that the best method of achieving the required degree of minimal repression was to have both agent and percipient operating under the conditions of a light hypnotic trance terminated with an induced posthypnotic amnesia.¹⁰

Both subjects were young women whom I had formerly treated psychiatrically for minor difficulties. The percipient was told under hypnosis that after she awoke she would respond to a given signal by writing on a slip of paper a number which would spring to her mind. In another room, the agent was hypnotized and in this stage shown a large sheet of paper on which was drawn in large figures the number 827. A few seconds after the agent was awakened with the command for posthypnotic amnesia (that is, at the time when she was expected to be actively repressing the number she had viewed in the trance state) an experimental accomplice gave the percipient

¹⁰ In other experiments, in order to introduce the required affective charge, the method of the 'induced complex' was used to good effect.

in an adjoining room the prearranged signal for her to follow out the posthypnotic command to write down the number that came to her mind. She promptly wrote down the number 15.

The experiment as performed was certainly not a success. The percipient had short-circuited our elaborate preparations by going off on a tack of her own, the significance of which I thought I was able to perceive from certain casual remarks she later let drop about where she was living, travel, distances, her wish that she could live in the center of town where I lived, etc. It would seem that her posthypnotic choice of a number had probably given expression to her wish to live with me, which it accomplished simply by cancelling out the numbers 3 and 4 which made the number of her address, 135, different from mine, 145, leaving the numbers 1 and 5 or 15 which, as it were, we then shared in common. A dream which she had that night and later mailed to me confirmed this interpretation.

Any wish to have done with numbers and their manipulation that the miscarriage of this experiment might have left with me was soon thwarted by a striking occurrence from an unexpected quarter. On the day after the experiment, one of my analytic patients reported a dream which she had had on the preceding night—that is, sometime within a few hours of the experiment. The significant thing about it was that in it the dreamer found herself looking at a bulletin board on which the number 218 was prominently displayed. What inspired the notion that this number was of extraordinary significance was that despite the obvious and pointed emphasis put on it in the manifest context of the dream (bulletin board: "Take note!") there was little in the dreamer's associations to bring it into relationship to the latent content, which had to do with the patient's ambivalent attitude toward a woman, a close friend, who had just made off with a returned soldier whom the patient was trying to attract. The patient's only association to the number other than that it might represent a train time was the names of two metropolitan dining places, Club 21 and Club 18. Although the train time association bore broadly,

but not specifically, on a matter possibly relevant to the latent content of the dream, the second association seemed to lead the patient nowhere. But it did convey the idea that some manipulation was being suggested: getting 218 out of the addresses 21 and 18 seemed suspiciously like the process whereby the experimental percipient got 15 out of the addresses 135 and 145. Furthermore, the fact that the number in the dream was shown on a bulletin board seemed clearly to suggest the large sheet of paper on which the experimental number was shown to the agent. Suddenly it appeared that if 218 were reversed into 812 and then added to 15 we would have 827, the number we had tried to transmit telepathically. This was indeed a most provocative turn of events. But what justification had we to perform such a manipulation? Would it not savor of the tricks of the numerologist whereby it is possible, with a little juggling and a few twists, to extract any desired fact or prophecy from any given set of dates? I am afraid that the strict scientific methodologist would forbid such wholesale manipulation of innocent data, but I felt that since in any case I was long since beyond the pale of the logicians of science, if not of the logic of science, I might as well venture one step further. Two facts of unquestionable relevance, beyond what has already been cited, seemed to offer themselves in support of the right to manipulate the figures in the manner indicated. First, the analysis of the latent content of the dream revealed that the principal mechanism through which the manifest content had been elaborated was inversion. Everything in the dream, point for point, was the inverse of what appeared in reality; and this was no doubt related to the circumstance that the principal fact which the dreamer was concealing from consciousness was not the anger and disappointment she felt because her woman friend had taken the man away from her, but precisely the reverse—her anger at the man because he had robbed her of the affection of her woman friend. (This was, of course, an exact replica of what had happened a quarter of a century before upon her father's return from the war when the patient was two years old.) It seemed, therefore, that if one wished to

translate the manifest number 218 into its latent equivalent, one could do no better than to invert it along with everything else in the manifest content of the dream.

The second fact of relevance is that if we follow the dreamer in the hypothesized numerical operations, we see that she is acting entirely within the spirit of the dream as she thrusts herself jealously in front of her rival, the experimental percipient who wishes to move in on me, and, by succeeding where the other has failed, asserts her superior claim to my attention. One cannot help but marvel, finally, at the appropriateness of the medium in which the threatened patient pleads her lifelong cause, a medium perhaps necessary to the infant whose consciousness has not yet become entirely separate from that of the mother and whose other means of communication, possibly for related reasons, are comparatively limited.

One need not pause here to evaluate the probabilities for and against the factor of chance in the foregoing events. If, taking everything into consideration, one does not already suspect that the probabilities against these events being due to chance are enormously great, the following occurrences ought to prove somewhat more convincing.

I should preface the following account by stating that the occasion on which my unhappy patient had so unceremoniously invited herself to my experimental party was not the first time she had manifested such behavior. This occurrence was completely in consonance with the transference behavior she had exhibited from the very start of her analysis, and she had repeatedly in telepathic dreams, telepathic associations during the hour and in telepathic acting out, attempted to vie with other patients and even with friends and associates of mine who she felt were claiming too much of my love. With infantile competitiveness she would attempt to imitate or surpass what they did or to warn me against them and expose their hidden weaknesses, all the while with a keenness of telepathic perception which was astonishing. As a matter of fact, her tactics in this regard, as one would expect, were not very different from

those trends in the more visible portions of her life which led her inevitably into painful difficulties with her family, friends and business associates. (I might add, that as far as analysis was concerned, the telepathic manifestations of the patient's characterological tendencies were found to be more precise, more revealing and more useful in interpretation than her more visible activities.)

At any rate, my jealous patient was not yet done with her predatory telepathic activities when she succeeded in exposing the arithmetical deficiencies of my experimental subject. Two nights later she again took to the warpath, this time against another of my analytic patients, a woman who was currently working through a difficult problem in her relationship to me. This woman, of course, was completely unknown to the first patient since the treatment hour of one had never followed that of the other. What happened was that on this night the first patient had a dream in which, using the second patient as a scapegoat for an attack on the hated, rejecting side of her mother, she dragged in, with almost documentary detail, all the hidden anal conflicts of the second patient that were responsible for the latter's tragic rejection of her children, just as the almost identical character traits of the first patient's mother had led her to reject this patient. On the following night the second patient had a dream in which she replied to the first in no uncertain terms, referring in the process to certain painfully embarrassing matters that she had lifted out of the first patient's life specifically for this occasion. It was possible to analyze these two dreams, or, more accurately, this *rêve à deux*, only as mutually complementary structures since even the manifest portions dovetailed with a high degree of particularity (i.e., in five intersecting points), the interrelationships in the latent contents fanning out geometrically therefrom. I shall not go into this analysis here since it is not strictly necessary for an understanding of what follows.

On the day following this mutually recriminatory interchange between my two patients, I was struck by a sudden, strange and highly dramatic change in the second patient's

attitude toward me. Hitherto cold, critical, consistently negative, all at once, in an abrupt change from all the preceding hours, she began to manifest highly possessive and almost flagrantly erotic behavior toward me. This started at the very outset of the hour when she came into the room cosmetically made up as I had never before seen her, exhibiting a new and much too striking coiffure, and dressed in a décolleté that seemed, as far as I could make out, entirely inappropriate to that hour of the day. She crossed the threshold, swept to the couch in the manner of a heavily stylized actress and settled herself into a sirenesque pose in front of me. Completely baffled and unable to make head or tail of this strange burlesque, I soon asked the patient for an explanation. To my surprise, she replied that the realization had finally come that all further resistance on her part would be useless, that she knew now that she loved me passionately, and that she could not imagine how she was able to conceal this from herself these many months past. More puzzled than ever, I settled down to listen and to await further developments. It was when I heard her dream, a little later, and was able to perceive her involvement with the first patient that the fact dawned on me that the woman was really, in a sense, 'possessed'. With this in mind, I lost little time in telling her something of what I took to be the background of her behavior (which would otherwise, of course, have been completely inaccessible to her consciousness) and communicating to her my feeling that she had somehow been provoked into this ego-alien acting-out by the aggressive tactics of an unknown rival who had called for a showdown. I suggested to her that her strange acting-out, which she had attempted to legitimize in a manner familiar to us from the observation of posthypnotic rationalizations, was the only way in which she felt, unconsciously, that she could compete with the performance of the other patient, just as, when she was a child, she had felt she could never match her mother's keenness and wit (for which the latter had been greatly admired) but countered instead, in the struggle for the father, with a blatantly exhibitionistic physical and emotional display. I then told

her that she might have been particularly nettled by the other patient's 'scoop' in the experimental situation (which I now described to her, omitting, however, the actual details and implying simply that the other patient had 'guessed' a number directly) because this would especially have suggested her mother, a tradeswoman with a remarkable 'head for figures'. The last interpretation threw the patient into a panic. She became frantic and almost uncontrollable. Not in the slightest disturbed by the telepathic aspects of the interpretation, of which she had already had some experience, she was simply wild at the thought that she was being called upon to give a performance as dazzling as that of her rival, now that I had made her conscious of what was going on and had pointed out the manner in which she had attempted to evade competition by throwing herself at me sexually. She begged me to tell her the number and allow her thereby to default, since she feared otherwise to become distraught in a futile attempt to pick the unknown number out of the air. She cried that never in a million years could she do what the other patient had done, and agitatedly protested that she should not be expected to. She wept and stormed and accused me of tricking her into a hopeless position. I tried to calm her as best I could, but I refrained from giving her the number she was trying to wring from me, nor did I give her any indication of how it was arrived at or even the number of digits involved. Although I tried to impress upon her that she should feel no compulsion either to compete with the other patient or to run away from competition in the manner elected, the patient left the hour in considerable dismay.

The next day the patient returned in marked anxiety. Gone was the false and farcical behavior of the day before; in its place the crestfallen demeanor of an unhappy child. In a painful and frightened manner the patient confessed that she had had the following dream fragment while asleep for a moment on the subway coming to my office. *'I was a little girl in pigtails. I said, 'If this is the way it's going to be, I'm going away'', and I started walking down the road. Then the number*

492 occurred, just like that.' The patient winced when she came to the number, covered her face with her hands, said she felt like a fool. She was certain she had failed; now I would have good grounds for preferring the other patient, etc.

But the patient had not failed. A curious circumstance proved that she had succeeded with honors. It will be recalled that in the description of the procedure whereby I had tried to effect the telepathic transmission of a number chosen at random, I had mentioned an experimental accomplice. The accomplice in question, not a physician, was a very close friend of mine who occasionally sat in on my experiments and when necessary helped with the details. On this occasion I had suggested that he too try his luck in 'guessing' the number and that he write his result down on a slip of paper immediately he had given the experimental percipient the prearranged post-hypnotic signal for her to do the same. The number he had written down was 325, the significance of which he did not discuss, nor did it occur to me at the moment to question him about it. However, a peculiar and puzzling fact now stood out: if we added the patient's 492 to my friend's 325, just as initially we had added the first patient's 812 to the experimental percipient's 15, we got—not 827, but 817! Now it appeared equally improbable that such a result could have been due either to chance or to telepathic perception since it seemed incredibly close for the former and too far away for the latter when we remind ourselves that the unconscious does not make simple mistakes of this sort.

I had no recourse but to tell my patient the truth as it appeared then and there: she had come very close, had succeeded even in almost duplicating the first patient's dynamically determined twist of emphasizing how far short of the mark her rival had fallen by making good the difference (with a polite disclaimer, however, of any suspicion of inversion); but she had not, for some reason, hit the bull's eye. Far from being disgruntled or apologetic on account of her slight inaccuracy, however, the patient was greatly elated and unbelievably pleased with herself for having come as close as she had. When

I questioned the possible accuracy of her recollection and suggested that perhaps (although this did not seem likely to me) the number she had seen was 502, the patient adamantly stuck to her number: 492, as plain as that!

Immediately upon the termination of the hour I telephoned my friend and accomplice to tell him of the puzzling event. Before I gave him the news, however, I took the precaution of first asking him what number he recalled having written down on the night of the experiment. (I had his slip of paper right before me, but wished to take no chances.) The number he had written down, he answered, had been 325. Then, before I had a chance to say another word, he began to tell me of the most curious slip he had made in connection with this number, a slip whose significance he could not quite make out. When he came to write down the number, he said, the first thing that came to his mind was his home in England, whereupon he promptly wrote down the 325 which occurred in its address. Afterward he realized that he had unconsciously performed a peculiar fusion in that 325 was the number of a New York apartment he had formerly occupied whereas *his English address number, which he mistakenly thought he was writing down, was 335!*

Here indeed was a thrilling finish to our telepathic steeplechase, with more excitement than we had originally bargained for. We now discover, in the first place, that even my friend, who had considered himself a flat failure as a telepathic percipient, had in a way (but strictly in keeping with his typical British reserve) come off not so badly. He, it appears, had placed himself very subtly in competition with the main experimental percipient who wished to share my address. Telling himself on the surface, in response to an unconscious telepathic perception of his experimental rival's attempt to achieve proximity to me, that he for his part would just as soon go back to England and leave the field to her, he nevertheless makes a slip whereby he finds himself in an apartment only a few blocks from mine that he had occupied at a time when I had been able to see much more of him than I was currently able to do. But

the joke of it is that my analytic patient joins the fray and, all the while keeping an eye on the rival analytic contestant whom she is telepathically engaging in another corner, corrects his error of address as well as his arithmetical deficiency. To him she says 'Not so fast, there. You belong in England. Anyway, I can give your friend what you failed to give him. 325, your bad guess, plus ten, your unconscious error (which you will permit me to correct) plus 492, my contribution, makes 827, which is just what the doctor wants.' To her unknown rival in analysis she says 'See! I can do anything you can do.'

V

We have seen enough thus far to account for strong resistances on the part of any investigator who has to deal directly with the data of the telepathic unconscious. The material seems to be alive with potentialities for evoking our most deeply repressed infantile strivings and for reopening questions that were ostensibly settled long ago both in the historical development of the individual and in the forward march of science. The proudest possession of science and the greatest triumph of the individual has been the hard won ability to separate from 'reality' the wishful, magic trends of subjective evaluation; and now both science and the individual are confronted by data which seem to indicate that the once powerful wish, lately reported to be in somewhat reduced circumstances, has all the while retained sufficient strength and vigor to be able still to influence events in the outer world.

Although this state of affairs would seem sufficient to explain the origin of resistance to viewing the data of telepathy as one would view the data of any other scientific investigation, it still does not account for the strange backwardness of psychoanalysts (who, as Freud pointed out,¹¹ should be especially qualified to deal with such resistances in themselves) in showing interest in a subject of research that is being advanced very

¹¹ Freud: *Psychoanalyse und Telepathie. Schriften aus dem Nachlass.* London: Imago Publishing Co., 1941.

briskly by nonanalytic psychologists.¹² Analysts may answer, and with some justification, that they are not obliged to exhibit any great interest in something with which they have no occasion to deal, and that for this reason they are not in a position to form a judgment on the question. It would seem paradoxical, however, that the methods of analysis should not uncover some counterpart to a phenomenon which, at one end of the scale, turns up here and there in the general population with the force and vividness of lightning and, at the other, manifests itself as a statistical regularity which can be teased out of a great many, perhaps all people, by elaborate experimental and mathematical procedures. One should imagine that if human beings can and do function telepathically, analysts ought to be in a particularly advantageous position to study such a function, just as by virtue of their methodology they are privileged to study other human behavior whose subtle manifestations are unapproachable through less tortuous avenues. To render the situation more paradoxical, the data now being uncovered by the laboratory experimentalists in ESP are beginning to point directly to the necessity of studies on the unconscious mental processes of the subjects.

One outstanding fact which sooner or later must emerge from the study of telepathy as observed in analysis resolves the paradox: *the telepathic episode is a function not only of the repression of emotionally charged material by the patient, but of the repression of similar or related emotionally charged material by the analyst as well.* This condition, which apparently does not obtain in the case of the laboratory experimen-

¹² For the most part the investigators in this field have swung away from an exclusive preoccupation with attempts to prove the reality of what they term extrasensory perception (ESP), and have shifted their attack to other operational problems where data of great significance have been uncovered. Practically all informed criticism of the experimental methods in ESP has ceased, and as long ago as 1937 a formal statement from the Institute of Mathematical Statistics affirmed the complete adequacy of the mathematical methods whereby Rhine and his associates demonstrated that the probabilities against the chance origin of the results of their experiments in ESP were of astronomical magnitude.

talist, may considerably limit or totally block the perceptive capacities of the analyst.

Of the earlier investigators, Hollós and Servadio appear to have arrived at this discovery, each independently, and to have formulated it in explicit terms. Hollós, in discussing the difficulties encountered in reporting his material, wrote:¹³ 'It soon became clear that the material divulged more of the inner life of the investigator than was conventionally permissible'. He states that in the telepathic process as it manifests itself in analysis, there is a return of the repressed from repression, just as in a dream, a symptom or a slip, but that here this return occurs *in another person* and is subject to the latter's rules of distortion. He formulates this insight in the curious phrase that 'it is the patient who makes my slip' (*'der Kranke es ist, der mich verspricht'*). Servadio confirmed the observations of Hollós and summed up his own position, as follows:¹⁴ '1. In the analysis, there occur with greater or lesser frequency telepathic instances which in general are conditioned by the special relationship between the analyst and the patient. 2. This occurs during both the positive and the negative phases of the transference. 3. The content of the telepathically transferred material is subject to the process of repression, which takes place in the analyst and is related to special complexes in the analysand.'

Hollós's paper is particularly rich in penetrating observations on the way in which telepathy manifests itself in the analytic situation, and should be studied at first hand. Unfortunately, however, the data of both Hollós and Servadio in support of their hypothesis of the relationship between the telepathic occurrence and the joint repressions of patient and analyst are fairly meager. For this reason I offer several of my own data in some detail—but not, for obvious reasons, without a certain degree of misgiving and some unavoidable reservations.

¹³ Hollós, István: *op cit.*

¹⁴ Servadio, Emilio: *op cit.*

A patient reports the following dream: *'I am looking at the mechanism of a watch through the far end of a watch-maker's conical magnifying piece. The larger rim of this eyepiece which ordinarily fits into the eyeball socket was attached somehow to the rim of the watch. I saw the various wheels turning, and everything was going. On the watch was an inscription: "Made in U.S.A." or "Made in Switzerland". I think it was U.S.A.'* The patient's interpretation of this dream was that it related to the process of self-evaluation taking place in analysis. He had no association to the fact that he was examining the watch from the wrong end of the magnifier but readily accepted my suggestion that it might mean that he was looking himself squarely in the eye (having substituted the watch rim in the dream for his eyeball socket). He associated the inscription 'made in U.S.A.' or 'made in Switzerland' to the difference in quality between the watches manufactured in these countries. He was of the opinion that Swiss watches were of a far superior quality. His feeling that the inscription had actually read 'Made in U.S.A.' (inferior quality) somehow did not tally with the fact that he had lately come to feel that he was really a superior person (which indeed he was), whereas before analysis his major complaint was that of a lifelong feeling of worthlessness and inadequacy.

We need not trouble here to go into a many-layered analysis of this dream. The aspect pertinent to our present thesis was the lack of correspondence between the patient's lately achieved release through analysis from feelings of inferiority and the representation in the dream that the watch, presumably a symbol for the patient himself, was of an inferior (made in U. S. A.) quality. This paradox remained unresolved until an event of the day following the dream cast a new light on the entire problem. On this day the patient received a telephone call from the lawyer in charge of settling his father's estate. The patient's father had died some years ago, but the settlement of the estate had dragged out until a few months before, when the patient finally had been informed that everything down to the ultimate detail had at last been taken care of. Now

the patient was informed by the lawyer, from whom he had not heard in some time, that an old and valuable pocket watch of the father's had turned up and had to be disposed of. The patient was told that on the watch was a worn and illegible inscription which indicated (thought the lawyer) that the watch had been a gift. In telling of this episode the patient remarked that he did not really want the watch but supposed that for the sake of sentiment and propriety he would have to accept it. Characteristically enough, the patient was not struck by any connection between this event and his dream about a watch on the night preceding the lawyer's telephone call.

An analysis of the dream, taking into account that the watch really represented the patient's father and not the patient himself (except, perhaps, for that self-critical and punishing portion of himself which, like the watch, was a paternal inheritance), at once resolves the paradox arising from the earlier interpretation of the dream. The patient is really evaluating his father, looking the *latter* squarely in the eye and bringing him down to size. ('Made in U. S. A.': Father was not the superior person he always made himself out to be.) This interpretation corresponds well with the patient's lately acquired feelings of self-confidence and is readily understandable in terms of the steady, day by day work of the analysis which the dream now sums up in a succinct symbolic representation.

In this dream there are symbolic overdeterminations (Chronos, 'Father Time', whom one can never overtake and defeat) that perhaps paved the way for the patient's telepathic percipience of the lawyer's about-to-be-discharged duty regarding the father's watch. One wonders, however, to what degree and in what way the following circumstances might also have had a determining influence on the emergence of the patient's conflict into such a dream, with its particular symbology, at this time. This is the fact that I was currently concerned with a matter having points of essential similarity to the patient's experience. Twelve years previously I had inherited a fairly valuable pocket watch from my father but I had never used it and had kept it unwound and rundown in my desk drawer.

About six months prior to this episode, mindful of the wartime difficulties encountered in getting watches repaired, I had taken this watch to a jeweler to be set going again, thinking to use it as a spare in case the watch I was wearing went out of order. Two or three weeks after I had brought it to the jeweler, the latter notified me that although the watch had been 'made in the U. S. A.', it was no longer possible to obtain a necessary part for it, and he requested me to call for it at my earliest convenience. For some reason I had not called for the watch although the jeweler's shop is just around the corner from my office and directly in my path many times during a week. I kept finding myself either forgetful, in too much of a hurry, or on my way some place where I would not find it convenient, etc. The fact remains that I had not bothered to retrieve the watch.

A few days before the patient's dream my negligence in the matter of picking up this watch came to my mind in some connection, and for a fleeting moment the singularity of my tactics of procrastination and my seeming wish to lose the watch struck me as somehow significant. Strange as it may seem, however, I put the matter quickly out of mind without achieving the insight that undoubtedly strikes the reader as perfectly obvious: the watch represented my father and I was simply acting out an incompletely resolved attitude of ambivalence toward him. It was only in connection with the later analysis of my patient's dream that the meaning of my behavior in regard to my father's watch became all at once clear to me in a sudden, affective insight.

What was of particular importance in the final analysis of the patient's dream was the aspect of it that seemed clearly to give expression to one of *my* hidden, repressed wishes, along with a similarly repressed wish on the part of the patient which, I am afraid, I might have allowed to remain unanalyzed had not an awareness of the telepathic latent content of the dream (which derived, as it were, from both of us) forced me to un-repress. This wish is clearly represented in the dream element: *I saw the various wheels turning and everything was going.*

It is apparent that the bit of acting out I had indulged in in relation to my father's watch was only one side of the equation: the other side was the deep wish, obscured by my forgetfulness and apparent indifference, to have my father alive again and enjoy his love (the homosexual aspect of which is plainly revealed in the symbology of the dream). The painful thought occasioned by the jeweler's pronouncement was that my father, like the watch, could not be brought to life again; but this verdict is reversed in the dream where the watch is running as if it had never stopped. It was only by achieving this insight (which I had, of course, achieved many times before but which, like all insights, seemed to teeter in a precarious balance demanding a watchful eye and a repeated process of 'working through') that I became aware of a dangerous tendency on my part to block on related material in the patient. My corrected attitude evoked an immediate reaction in the patient who responded by bringing up a considerable amount of hitherto repressed, affect-laden material from the corresponding side of *his* ledger.

Another example:

A middle aged woman patient dreams: *'I was at Atlantic City where I met you on the boardwalk. You were dressed in a very loud sport jacket and in general looked very "Hollywoodish". I was carrying some books, a paper bag and my little notebook. You gave me a look as if to say, "What! Still running around busily?"'*

The analysis of this dream can best be approached by beginning with what my *look* seemed to mean to the patient. This had reference to the fact that her energetic pursuit of social and professional activities, as I had frequently pointed out to her, had for the most part the character of a compulsive flight from certain anxieties, especially those of a sexual nature. In the dream she is at a resort, presumably for a holiday and a rest which, in reality, she cannot enjoy because she would then become prey to anxiety. In the dream situation, however, she has decided to face this anxiety directly since the parapher-

nalía she is carrying tell us plainly what her wish is: sexual gratification. The paper bag is the kind used by department stores for small purchases; in the dream it symbolizes the vagina. The patient's association to the books she was carrying was the books she returned to the library: usually she has not finished with them and asks for and receives an 'extension'. Together in the dream the bag and the books mean: 'Here is my vagina; give me an "extension" (erection)'. The little notebook in the dream was the one the patient always carried with her. In it she marked down what she was 'out of': sugar, oranges, kleenex, hardware, etc; it was a symbol of her need, of that which she lacked: a penis, and love. In this dream it was love that she wanted.

The patient had no specific association to Atlantic City other than to its character as a resort. She had not been there in years. Her association to my loud sport jacket and general 'Hollywoodish' attire was that it was just the type of outfit she could *not* picture me selecting or wearing. It is in these two items that the telepathic component of the dream is to be found.

Three days prior to the patient's dream I had purchased a sport jacket that was about as staid and conservative as the jacket of a business suit. The salesman had tried to talk me into selecting something on the brighter side and had begged me to try on various plaids and checks. When I demurred and remained adamant, he reluctantly let me have my way. When I got home I realized that, as usual, I had made an inhibited choice, that the garment was entirely undistinguished, and that I seemed still unable to break away from a conservatism in dress that I always later regret.

The second item of telepathic percipience in the patient's dream derived again from my day's residue. On the night of the patient's dream I had been agitating at my household for a 'long week-end' holiday at Atlantic City. I had been trying to persuade my wife to allow me to make all the arrangements and secure the necessary accommodations, but she had raised one objection after another to my proposal: it was a bad season,

it would be too expensive, it would tire the children who were in the middle of their school term, etc. Why couldn't I just go myself, she wanted to know; why did I have to make a family pilgrimage out of it? The idea of going alone did not appeal to me, however, and I dropped the entire idea.

I had originally intended to include in this communication a fairly explicit self-analysis based on the material which found its way into the patient's dream. As I glance through my notes, however, I am somewhat taken aback at the degree of self-revelation this would entail and am forced to leave the reader chiefly to his own interpretative devices. However, the reader will find himself aided in this task by the patient, who too has apparently assumed interpretative *carte blanche*. In her dream the patient comments on my conflicts, as well as her own. And she obviously makes use of the telepathically perceived facts that I had just purchased an ultra conservative sport jacket and had, on the night of her dream, been vetoed by my wife on the plan for a holiday at Atlantic City. She says in the dream: 'If your wife does not wish to accompany you to Atlantic City, why don't you take me with you? Then we can really get on with our work!' The phrase, 'What! Still running around busily?' implies that my therapeutic efforts with the patient have not been particularly successful. The reason, according to the patient's (and perhaps not exclusively the patient's) latent thought, is that I have not used a direct, 'extended' approach to her problem. If only, she fantasies, I were the kind of person who would choose a loud, Hollywoodish sport jacket instead of the sober thing I did select, then I might also have gone to Atlantic City, as my wife had prodded me to do, and would have had no scruples about taking her along and making love to her. But, she complains, I am apparently just as afraid of a chance romantic adventure as I am of wearing a sprightly sport jacket. 'How, then, do you expect to cure me?' she implies.

VI

The real subtleties of psychological interplay between analyst and patient, and the most instructive sidelights on otherwise

hidden aspects of the transference-countertransference relationship, are to be found in the phenomenon of telepathic cross association between the two during the analytic hour. Here, however, the comparative photographic fixity of the dream is lacking and we do not have the benefit of that framework, that 'caught moment', in which to examine the telepathic process and analyze its labyrinthine threads in unhurried leisure. In associative relationships of this sort it is generally a quick, touch-and-go affair with the telepathic incident being suddenly struck off like a spark which in a brief moment will lose its glow and fade into unreality. Furthermore, it is much more difficult to assure oneself in such a situation that factors other than telepathy—intuition, coincidence, suggestion, and the like—are not at play. Nevertheless, when one determinedly snatches the passing event out of the air, as it were, and pins it down for closer scrutiny, one can generally convince oneself that it is really telepathy at work and that the principles underlying its emergence are precisely those which we have discovered operating elsewhere. But one soon ceases to ask oneself each time anew whether it is really telepathy that has been demonstrated. In the long run one comes to accept the fact that this is by far the simplest assumption one can make, even if the evidential value of this or that particular instance is alone not enough on which to base a belief in a hypothesis for which we have as yet no physical foundation. This, of course, is more or less the way in which we come to accept the hypothesis of the unconscious itself: ultimately we find that such an assumption explains more than any other assumption or set of assumptions in the situation we are studying.

The phenomenon of cross association comes about when a thought or a fantasy in the mind of the analyst suddenly intersects a thought or fantasy articulated by the patient, or vice versa. There are numerous instances, of course, where this intersection can be easily accounted for on the basis of the fact that the analyst, who is not concentrating too intently on what the patient is saying but following with 'free floating' attention, is identifying himself with the patient to the extent that

the latter's associations may stimulate sympathetic chords so that the analyst will respond associatively with thoughts or fantasies that are derivatively, even though cryptically, related on a demonstrably nontelepathic basis. In many cases, however, it is impossible to account for the observed cross association on such a basis alone, even though the conventional explanation may carry us part of the way. The organism always acts with utmost economy of function, and the telepathic process can generally be observed to utilize whatever ordinary stepping stones lie to hand; but there comes a moment, just as when two electrodes approach that distance from each other at which the potential is able to snap the current across the intervening gap, when the spark occurs, and one can retrospectively observe that to achieve this spark, the patient, the analyst, or both—as if influenced by some unseen force—have been pulled slightly (sometimes greatly) out of the line of their expected individual orbits.

A simple example will serve to introduce us to the phenomenon of telepathic cross association.

I had just come from a conference on hypertension and coronary thrombosis. During an analytic hour I began to ponder the question of differential organic neurotic adaptations. Why hypertension or coronary artery spasm in some cases and convulsive seizures or migraine in others? All have the factor of repressed aggression. So has the obsessive and depressed middle aged patient on the couch before me; yet he has no physical symptoms and no clinically demonstrable organic difficulty. How is it that with his lifelong neurotic conflicts he has still managed to escape organic injury? Perhaps he is the 'silent' type who will one day get a sudden coronary attack.

At this point my patient, who had been weeping and complaining about his unhappy lot, said, 'Why don't I die? Why don't I simply get a heart attack and die? Others do. The trouble with me is that I'm so damned healthy.' This was a fantasy new to the patient. He often spoke in an obsessive way about suicide, but never before, to my recollection, about having a heart attack.

It would not be difficult to pass by this episode, if one noticed it at all,¹⁵ with the feeling that it represented nothing more than sheer, meaningless coincidence (whatever this well-worn concept means). Nevertheless here, as in most instances of this kind, there exist signs to indicate that the probabilities against the event having occurred in a chance manner are rather high. First, as a closer scrutiny of the data will demonstrate, there occurs not *one* point of intersection between my associations and the patient's fantasy but *two*: heart disease *and* the question of differential adaptation in different individuals. (Note the patient's remark: 'Others do [get heart attacks, why don't I?]. The trouble with me is that I'm so damned healthy.') Although these are potentially linked ideas, they are far from being necessarily so; so far as they occur together in both myself *and* the patient, without a reasonable background for the expectation of such an occurrence in the latter, the factor of chance, as the elementary theory of probability tells us, is greatly reduced.

Next to consider is the matter of timing or temporal coincidence. If the patient's remarks had followed my fantasy by a matter of minutes one would not judge the occurrence to be in any way remarkable (although one might therein be wrong). One would expect both in the case of dreams and in cross associations, that instances where the material of the analyst and patient is related with such manifest and latent specificity would be distributed with a certain temporal diffuseness if a chance factor alone were operating. However, even allowing for corrections of expected ebbs and flows in the trends toward mutual identification in analyst and patients, and taking into account the greater difficulty of perceiving and integrating material separated in time, such is not the case. The fact is that we do not find what we might expect to occur on a chance

¹⁵ One soon recognizes that in the process of becoming aware of such a 'coincidence' one has to work against a strong tendency toward a sort of isolation-dissociation. One can only speculate on the number of such instances which never survive our repressive defenses, the very mechanism which gives rise to the occurrence in the first place.

basis: namely, a striking similarity (i.e., beyond the usual results of a common symbolic heritage) between the current dream of one patient and the dream of another days or weeks hence, or an equally striking relationship between what the analyst happens to be thinking at one moment and what the patient says twenty minutes or a day later. Actually we find these occurrences lumping up in a fashion quite out of keeping with any hypothesized curve of chance distribution. In most instances, as in the instance under discussion, the condition of *absolute simultaneity* seems to prevail. Unfortunately, the precision of timing involved is a factor of such delicacy that its effect can scarcely be communicated. One has to experience repeatedly this sensation of simultaneity before one comes to the realization that such exquisite timing is integrally a part of the telepathic process and is rarely, if ever, approximated by even the 'straight' unconscious.¹⁶

The final factor indicating that the probabilities against the chance occurrence of an event such as we are considering are rather high, is that this 'coincidence' can without difficulty be patternized or interpreted in a manner completely in conformity to our accepted notions of the dynamics of the transference-countertransference situation. In the present instance the patient is reacting to my repressed hostility toward him (disguised by my associations which, when analyzed, add up to the fantasy: 'Why doesn't this troublesome, complaining fellow get a heart attack and leave me in peace?') by developing a fantasy

¹⁶ The one exception seems to occur in instances in which the analyst is the percipient of the patient's preconscious thoughts, and where the direction of telepathic flow, so to speak, is from the patient toward the analyst. Here it often happens that the analyst, who may otherwise be rarely given to obsessive thought tendencies, may find himself strangely ruminating a thought or fantasy for a few seconds or even a minute before the circle is suddenly broken by the patient's intersecting thought. It is as if the analyst begins to react when the thought enters the patient's preconscious and as if he is compelled to hold obsessively (and often in a peculiar, ego-alien way) to this thought until the patient releases his *provoking material* into consciousness. At this point discharge occurs and the analyst is suddenly liberated from his obsessive preoccupation. But even this is widely different from anything we might expect on a chance distribution basis.

of typical masochistic compliance ('Very well, I *will* get a heart attack, if that's the way you feel about me!'). Such an interpretation happens to fit this patient's character structure squarely, and certainly does no violence to my feelings in the matter, as every analyst who has had a patient of this kind will readily understand. The reader will recognize that it is not as easy to contrive an acceptable analytic patternization of events linked at random as the opponents of psychoanalysis, who customarily raise this objection to analytic interpretations, may imagine. Obviously this condition applies with equal force to presumptive telepathic events.

The following is an example of cross association with features somewhat similar to the first.

During an analytic hour, my eye catches a volume of Baron's History of the Jews standing among other volumes between book-ends on the mantelpiece. I remind myself that I should start collecting notes for a study of anti-Semitism that I have in mind. I recall the article on this subject that I read last night in the Encyclopædia Britannica. The name of the author, Wolf, comes to my mind and nests there for a moment or two somewhat obsessively, as if there were something strange about it. It is not a specifically Jewish name, and I wonder if the author is a Jew. I resolve to get a copy of a larger work by this Wolf, a work cited in the bibliography.

At this moment the patient mentions that he was paid a visit the day before by a woman who had just brought her daughter from a *Mrs. Wolf's* dancing class. This amuses him. 'That's what you have to look forward to, doctor: your daughter going to Mrs. Wolf's dancing class. I guess that's the thing for all well-bred Hebrew girls to do.' He laughs at this fantasy.

What is striking here is not simply the fact that the patient mentions a name of which I am thinking; it is the fact that he mentions the name in connection with the Jewish question, which I am also thinking about in relation to this name. With this coupling the anti-chance probability rises considerably

since neither in the case of the patient's association of the name Wolf with the Jewish question nor in mine do these two elements have as high a degree of the self-determining, non-random linkage factor as it might at first appear. A moment's reflection will reveal that I could have thought of the anti-Semitic question in a hundred ways without having dragged in Mr. Wolf. As a matter of fact, I need not even have thought of the problem of anti-Semitism at all, since this is scarcely a direct and inevitable consequence of my eye having spied a volume on Jewish history. Then again, we might ask why in the first place my eye singled out this volume standing inconspicuously, from the standpoint of size, color and position, with eleven others on my mantelpiece. In the case of the patient's association, an even greater looseness in this kind of determination would seem to have obtained.

The episode under consideration becomes significant in the light of other, behind-the-scenes factors related to this telepathic interchange between the patient and myself. The aspect of the anti-Semitic question which interests me in particular is the degree to which the socially ambitious Jews who attempt to identify with the traditions and social values of the Gentiles have to repress their fear of and hostility to the latter. I believe that this common tendency has unexplored consequences leading to an increase in the anti-Semitic potential and resulting in a vicious circle which can never be broken until the hidden aggressions are once again found and, as such, given adequate and vigorous expression in overt social and political activity. I have been particularly impressed with the difficulties experienced by any Jew who has not become fully conscious of where he stands on this question in achieving a satisfactory measure of personal and social integration.

My patient, a Jew, is a Gentile camp-follower. His notion of social success is the extent to which he can make himself indistinguishable from the Gentile and be accepted by him. Yet the closer he comes to this ideal the unhappier he is. He frequently pokes fun at himself in this regard but cannot yet free himself from this neurotic compulsion.

In his remarks during this episode, besides poking fun at himself and his friends, the patient is also twitting me. In effect he is saying: 'You, too, Doctor, will be finally unable to withstand the social pressure. Don't fill your head with theories on the Jewish question. When your daughter grows up you too will be taking her to dancing class along with all the other "well-bred" Hebrews.' His choice of the term 'Hebrew' instead of 'Jew', incidentally, points up the incongruity he means to suggest.

In this instance all the signs indicate that the direction of telepathic flow was from the patient to me: that I, in other words, had perceived telepathically something that was in the patient's preconscious which he was about to communicate to me. It is possible that I have developed a reaction-formation on the Jewish question and find the notion that I might 'sell out' an unpleasant idea against which I must defend myself by protesting the opposite. This I accomplish by responding to the patient's preconscious accusations with the thought: 'You are quite wrong. So far am I from selling out that I am even now preparing a study which will prove that such a tendency is disastrous all around.' The episode reveals to me, however, that I had better analyze my reaction-formation before I proceed very much further either with my projected study or with the analysis of this patient in relation to whose conflicts, it now becomes clear, I am not sufficiently detached.

VII

One can observe that in the telepathic interplay between analyst and patient there is no special type of material that favors the development of the telepathic process more than any other, unless, of course, it happens to be related to those complexes in himself with which the analyst may have most difficulty. Still, this will occasion only a statistical predominance of one type of material, not the qualitative exclusion of other kinds, and one finds that repressed material of all categories—sexual, aggressive, œdipal, preœdipal, narcissistic, etc.—can be thrown into the spotlight through emergence in a telepathic episode.

At certain times one is likely to find one type of material coming to the fore, other types at other times, a circumstance which provides us with an invaluable tool for self-analysis and the stabilization of the countertransference.

One of the difficult conditions of analytic practice is the negative phase of transference during which the patient may attack the analyst with unremitting fierceness. In such a circumstance, the analyst, despite his general understanding of the situation and the buffering effect of the interpretative process, may have to repress an impulse to defend himself or retaliate. A consequence of such repression least harmful to both patient and analyst is that the latter's counterhostility be transformed into keener analytic activity which, of course, satisfies his aggressive needs at the same time that it provides for him a means of vindication. The following is an example in which the analyst in such a circumstance is provoked into telepathic percipience.

A patient reported a series of dreams in which a central theme was her unwillingness to accept her lack of a penis. In the first dream she had a broken front tooth, and her angry feeling in the dream was that whereas other women might make the best of such a defect, she was not going to put up with it. In the second dream she was in a Red Cross blood bank giving blood in memory of a male acquaintance in the army who had been 'reported missing'. Instead of giving the usual pint, she gave just a small amount, and the blood was thin and watery. (Menstrual blood 'in memory' of the missing penis.) In the third dream she was in the bathroom with 'Betty' X and was looking for a thermometer which she found hidden in the bathtub drain pipe. (Concealed penis, anal equivalent.)

The patient reported these dreams in rapid succession, not pausing to associate to any of them on the way. Immediately thereafter she launched into a sniping attack on my technique, my competence, my soundness, etc. After a few minutes of this I interrupted her to point out that her dreams indicated how keenly she felt the lack of a penis and that this was somehow

related to her need to act in a castrative way toward me. I suggested then that we return to her dreams for a more detailed analysis of their contents, whereupon the following exchange took place.

I: 'Now who is this "Betty" you refer to in the last dream?'

Patient: 'Her name isn't "Betty", it's "Bessie".'

I: 'Oh—I was giving her name Ye Olde Tea Shoppe touch, wasn't I?'

Patient: 'As a matter of fact she spells her name B-e-s-s-y-e.'

(Pause). 'I guess that is Ye Olde Tea Shoppe touch if ever there was one.'¹⁷

Here quite obviously, I was reacting to the patient's castrative attack by exhibiting my intellectual phallus (telepathic percipience). At the same time, however, and as a result of gratifying my repressed sadistic retaliatory impulse, I had stumbled upon something of crucial importance which the patient was attempting to conceal behind the analytically imposing façade of a series of dreams whose very obviousness should have invited suspicion. This crucial point was precisely what lay concealed behind the seemingly innocent change from 'Bessie' to 'Bessye' ('Ye Olde Tea Shoppe' touch). It is possible that the patient might not have mentioned the point had I not reached down and dragged it out in this manner.

The change in this name from 'i' to 'y' in either printed or written form signifies the substitution of a penis for a vagina, as a study of the basic shape of these letters will indicate. It is, however, a change that is camouflaged behind a seeming move in the direction of increased or intensified femininity. Yet the entire 'Ye Olde Tea Shoppe' idea is really a burlesque of true femininity behind which lies an aggressive snobbishness that can be used quite castratively, especially against men. This was precisely what existed in the patient as a very subtle, deeply

¹⁷ This is an example of how the analyst can be provoked into saying something quite superfluous and out of place from the conventional technical standpoint, as if motivated by an unconscious compulsion. Hollós cites a similar instance.

rooted and persistent trend, something which had come up again and again in the analysis and which in the past the patient and I had come to refer to as the 'parasol, lavender and lace' complex. The patient had many sadistic ways of exhibiting this trend, while concomitantly utilizing it to buttress her inflated notions of exclusiveness and superiority over the common run of people. Now, through the analysis of this dream in which 'Bessye' (with whom she identified) was with the patient in the bathroom where she found her concealed, anal penis, it became clear that not only was this 'Ye Olde Tea Shoppe' or 'parasol, lavender and lace' touch an attempted repudiation by the patient of her concealed anal gratifications (which were penis substitutes) but it was also a direct compensation for her lack of a penis, just as Bessie compensated for her lack by changing her name to Bessye. (It should be mentioned that the patient had changed her name from a Semitic to an Anglo-Saxon one which, in connection with her social ambitions, was just as much a compensation for her lack of a penis as the change from 'Bessie' to 'Bessye'). As it turned out, Bessie's name change and what it represented was the only reason for the use of 'Bessye' in the dream.¹⁸

This brings us to a final factor in the telepathic interplay between me and the patient in connection with this name change. While the patient's attack on my analytic competence had clearly dealt a blow to my narcissism, another area of vulnerability in me has to do with my name 'Jule', which is weak and feminine instead of strong and masculine like 'Jules' or 'Julius'. My name has often occasioned joking remarks (particularly by women who are eager, like the patient, to expose some feminine weakness in me) and I not infrequently get circularized letters addressed to 'Miss Jule —.' The full import of my telepathic percipience in this instance, thus, is not only my

¹⁸ I have invariably found that where a woman has preferentially adopted a 'y' in place of an 'i' or 'o' in her name (e.g. as in Edythe, Caryl) observation will disclose a strong but usually inverted penis envy throughout her entire character structure. This may also, curiously enough, be observed in the case of men.

effort to vindicate myself and punish the patient for her attack, but my attempt at the same time to demonstrate my superiority in a particularly appropriate and cutting way. This is accomplished by a telepathic perception in which I demonstrate my prowess, expose a hidden character weakness of the patient and, at the same time, finally hold up to her the fact that in my case only my name is feminine whereas in her case no matter what she does to a name or its equivalent she cannot really get a penis.

VIII

A study of the finer currents of the transference-countertransference relationship as they manifest themselves in telepathic interplay reveals that the therapeutic relationship between analyst and patient is not always a one-way affair with only the analyst in the rôle of therapist; there are instances where, on the inarticulate, unconscious level of thought transference, the therapeutic balance is tipped in favor of the analyst. One gets the impression that the anxiety potentials in the analyst and patient exist in a free fluid state constantly striving to achieve equilibrium, with the analyst unconsciously seeking out in the patient the neutralizing areas for his own anxieties at the same time that the reverse is going on. The use of the patient for these purposes by the analyst is, of course, a well-known phenomenon that is looked upon ordinarily as a perversion of the analytic relationship. However, insofar as the analyst is a human being striving for the satisfaction of his needs, it is not an easy matter for him to keep his strivings from seeping into 'the sessions of sweet, silent thought', however much they are inhibited in the more overt aspects of practice. The following is a relatively simple illustration of this phenomenon.

At the start of the hour a patient began to talk about his young son's upper respiratory infection which had just been controlled by sulfadiazine. My attention began to wander somewhat and my thoughts turned to a matter apparently provoked by my eye just having rested on Professor X's book

on psychotherapy which was wedged into place on one of the shelves at the far side of the room. It was a bad book, and I recalled the scathing review of it which I had written. What somehow seized the center of my thoughts at this moment was a parenthetical remark in this review that had been deleted by the cautious editor. 'Psychoanalysis', I had written, 'is referred to by the author as "mental liquidation" (where he picked up this banker's cant, he does not state)'. I smiled to myself as I recalled this remark about 'banker's cant' but silently conceded that the editor had been right to delete my envious allusion to the fact that the professor must have had bankers as patients, a fact widely known.

My thoughts must have been somewhat obsessively revolving about this circumstance for a half-minute or so when the patient began to tell me a dream of the night before in which he was standing on a station platform with Herbert Hoover to whom he was giving a few pointers on administration, explaining to the ex-president why he had missed his chance of becoming historically great. The patient laughed in some embarrassment on recounting this dream and insisted on immediately giving me its background in order to demonstrate that the idea of his chatting with Hoover was not such a grandiose delusion as it might seem from the dream. He explained that on the preceding evening he had had two bankers to dinner, friends of his of long standing. They had talked of the fact that a few evenings before they and other bankers had been to a dinner with Hoover at which certain matters of party policy had been discussed.

The unconscious interplay between the patient and myself in this instance would seem to have followed the pattern of purposive behavior insofar as the psychic apparatus acts in a way to reduce tension. Here my needs are met by the immediately forthcoming associations of the patient which provide a reassuring fantasy for my frustration at not having wealthier people or even bankers as patients. 'Some of my best friends are bankers', the patient informs me. 'If you treat me nicely, perhaps some day I will send you one as a patient.' It should be stated, of course, that I had had no idea that my

relatively new patient traveled in such circles since he himself was a teacher with, as far as I knew, an essentially middle class and somewhat liberal background.

The question occurs as to whether the patient's information about his circle of acquaintances would not have given me just as much of a lift without my prior preoccupation with bankers and 'banker's cant'. What economy of function, in other words, was served by my setting up a situation of tension in order, apparently, to meet the patient's tension-reducing device half way? It is as if my reservoir of latent anxiety, like an electromagnetic field, were capable of transiently developing high potentials in those areas close to an avenue of possible discharge, with a temporary redistribution of anxiety being effected in order to develop the optimal concentration at the point most suitable for this discharge. This kind of behavior may be observed again and again, but I am afraid that answers by analogy to the questions it raises cannot be very satisfactory.

There is another aspect of this cross association that is of sufficient interest to warrant mention. This is the fact that although I had not consciously thought of my review of Professor X's book for a long time, I cannot recall ever in the past having thought of it without a twinge of regret and perhaps resentment at the deletion of my 'choice' parenthetical remark. How does it happen that when it springs to mind at the current moment, I finally bestow upon the editor absolution for his crime, think of the deletion with no resentment, applaud the editor's superior tact and smile at my own envy and bad taste? Had a genuine therapeutic progression taken place for my attitude to have changed as it had? It might at first appear that a 'working through' had occurred. Reference to the patient's forthcoming associations, however, and taking into account the assumption that I had telepathic access to them, would indicate that no real insight or working through had occurred in me any more than it can be said to occur in a miser who tips his porter a half-dollar just after he has learned that he has inherited a fortune. In my instance, I am finally permitted to think with some charity of both the author and the

editor simply because I too am about to learn, as it were, that I may some day inherit a banker. (The patient, I am afraid, was clearly resorting to tactics of reassurance therapy instead of forcing me to analyze out the deeper unconscious determinants of my attitude.)

Not all cross associations are as comparatively simple as the ones cited. Sometimes they are extraordinarily complex, involving besides the analyst two or three patients severally participating in an equilibrating system that moves across the analytic day with the analyst at the vortex and the others being drawn in one by one, all giving to the system according to their capacities and taking according to their needs. I have at hand, as I write, the detailed and extended notes on one such telepathic series that I had intended to include in this communication because it illustrates very well the temporary reversal of rôles in the analytic situation and demonstrates conclusively that the two patients involved were giving me a much needed supportive therapy. However, my better judgment now warns me to forego such an extravagance and to omit the exposition of this series since, when I identify with the reader (who, I realize, does not have at his finger tips the interstitial data and background information that I unconsciously call upon and use), I find myself extremely hard put to follow the threads of the projected demonstration.

In any case it cannot be too frequently emphasized that the outstanding characteristic of practically all telepathic occurrences as seen in analysis is the involvement of the analyst himself to the extent that his repressed, affect-laden material therein relates itself dynamically to the repressed material of the patient. This material, as Hollós pointed out, may be held in repression at any and all levels of the psychic apparatus, from the preconscious to the deep unconscious, and has its derivatives, naturally, in all temporal and topographical aspects of the individual. Although frequently the case, the repressed material of the analyst need not always be 'identical' with or similar to that of the patient so long as the one can function in relation to the other in such a way as to reduce anxiety in

one or both. The one apparent exception to the rule that the analyst, if he search deeply enough, will always find himself involved in the telepathic occurrence in analysis, is where two patients dovetail in a telepathic dream or dreams without seeming to involve the analyst in the transaction except as a passive middleman. There seem to be instances in this category in which the analyst can still find himself unrepresented after an honest and thorough search of the data. Yet even here it would be safer to consider the exception merely 'apparent', pending further investigation. The following is a relatively simple example of an occurrence of this nature which initially appeared as if it might be one of the exceptions but which later turned out to follow the general rule.

A woman patient in analysis reported the following dream of the night before: *'I was in a vegetable store. I said to the clerk: "Give me two potatoes—what am I saying—I mean two pounds."'* An analysis of this dream based exclusively on this patient's associations and day's residue indicated that its meaning was precisely what one would have immediately suspected from the transparent manifest content: the patient would like to obtain male genitalia. Curiously, despite the simplicity and seeming transparency of the dream's manifest content, it had been elaborated from a great amount of overdetermined latent material which had been dealt with by distortion, displacement, condensation, etc., just as if the manifest content had been cryptic and complicated. One wondered what all the fuss was about. However, the analysis of the dream did serve to demonstrate conclusively that the patient (whom I knew in any case to have a strong penis envy) wanted testicles—not breasts or ovaries.

Two hours later a male patient in analysis reported the following dream of the night before: *'I was a grocery clerk in some store selling shredded wheat, grape nuts, etc.'* This patient suffered from sexual impotence associated with an intensely passive, dependent attitude toward life. I had frequently pointed out to him that despite his conscious protestations to the contrary, he would not welcome the return of

sexual activity but would unconsciously do everything in his power to maintain a state of genital quiescence and inactivity. To demonstrate my point I had arranged for him two days before to have an injection of male sexual hormone, which he had long requested me to do. Several hours following the injection he began to experience intense anxiety and telephoned me in a panic to be reassured that the physician who had injected him had not made a mistake in the dosage (a point to which I shall refer later). During his hour on the day of the dream (i.e., the hour preceding the one in which he reported the dream) I had pointed out to the patient that his anxiety could not have been due to the chemical stimulation of the hormone, since this would not have taken effect for several days to come, but was due to the inner threat that it *might* work. This was a disturbing prospect not only because of his castration anxiety, but also because it would mean, by implication, that he might have to relinquish the infantile, passive way of life to which originally he had regressed as a secondary compensation for his genital inactivity but which now had achieved a powerful momentum of its own.

This patient's dream taken by itself would seem simply to be an attempted repudiation of the passive, dependent wishes that I had cited in him: 'I do not wish to be served on an oral, infantile level', he would appear to protest; 'On the contrary, I wish to serve others in this fashion'. Taken in conjunction with the dream of the first patient, however, this dream exhibits a concealed self-castrative wish (Rado's 'riddance reflex') in complete conformity with my interpretation of the day before. When my female patient expresses a dream wish for the male genitalia, this patient says, 'Here, I'll give you mine (grape "nuts")'. When this interpretation was communicated to the patient, along with the evidence that had made it possible, he responded with an immediate confirmation by recalling fantasies of self-castration that he had never before brought up—not even, strangely, during the analytic sessions of the preceding days which had dealt with the same trends.

Here was an instance where I found it difficult to plot my own position along the ordinate of my female patient and the abscissa of my male patient. Conceivably I might have managed to work myself in somewhat hermaphroditically since, at the very least, I was in any case involved with the attitudes of each patient in the transference situation and theoretically should not have found it too difficult to find somewhere in my unconscious a corresponding set of anxieties to each. However that may be, the fact remained that any latent anxieties in these areas that I might have had were not discoverably in evidence at this time, since a careful search among the data failed to reveal one specific reference to me and my problems.

With some apologies for the manner in which this exposition must unavoidably be organized, I wish to return now to an aspect of the dreams and their interrelationship which is brought to the fore by the item we temporarily shelved a while back: the matter of injection and dosage. As we stated earlier, the first patient's dream—as it stood—had been elaborated from an imposing mass of overdetermined latent material from the experience of the patient herself, and we apparently had no need to borrow from other sources in order to render it completely intelligible to ourselves and to the patient. When the second patient's dream was reported, it appeared at first blush as if it were solely and exclusively a dependent, parasitic structure, deriving its entire life and meaning from the manifest and latent material of the first patient's dream and contributing nothing in return. It appeared, in other words, as if the first patient's dream—a distinct and unified entity in itself when annotated by the patient's own associations—could have been dreamed at exactly the same time and in exactly the same terms had not the second patient even existed, whereas the second patient's dream manifestly hinged on that of the first. If this were so, such an event, contradicting the rule of telepathic reciprocity, would pose a problem of considerable theoretical significance.

Actually, deeper study of these dreams revealed that the first was not as independent in its derivation as it had appeared

to be. One of the latent sources of this dream had been an experience of the patient on the day of the dream. She had gone to the grocery store with the idea of buying one hundred pounds of potatoes. When she got there she decided to buy only ten pounds because the weather had become warm and she feared that the larger amount would spoil. But the sudden change in the weather had also provoked another thought in the patient: soon she would have to exhibit herself on the beach. This was always an unpleasant thought because it meant unconsciously: 'Everyone will see that I have no penis, that I am *only* a woman'. In the dream one thought displaces the other but utilizes the same mechanism of adjustment to the unconscious requirements of the situation: 'If I can handle one situation by asking for ten pounds instead of one hundred, why cannot I meet the other threat provoked by the warm weather by making a seeming slip and asking for two potatoes instead of two pounds'. During the analytic hour in which the dream was reported the patient made several puns and showed a tendency consistently to sink into slang expression. This was so marked that the patient herself commented on it. This trend was, as it were, an extension of the dream pun (potatoes: testicles) and provided a clear hint as to the mechanism on which the dream elaboration hinged, as well as seemingly explaining the meaning behind the manifest dream element '*what am I saying*'. (The element of transformation and magic substitution contained in punning is often at the root of such a tendency in women with a strong penis wish.) At the time this dream was analyzed, the foregoing material appeared completely adequate to account for the elements found in the manifest content, especially when taken in conjunction with other of the patient's associations (potato races, her unusual competitiveness, prizes, her compulsive need to search for four leaf clovers) and a slight bit of acting out (a confessed unwillingness to take off her jacket during the hour despite the heat). What did not reveal itself at the time, however, was a thread of latent data that I did not perceive until after I had already communicated to the second patient

the interpretation which seemed—even as it stood—adequate enough. When the data were subsequently combed, the following striking and hitherto unsuspected correspondence emerged, throwing a new light on the question that had arisen in my mind. During the first patient's summer holiday almost a year before, she had asked a young country doctor to give her an injection for hay fever (which, in her case, had a strong phallic component). Through some *slip* a mistake had been made in the dosage, and she received in a single injection *ten times* the correct amount, an error that almost brought on a state of shock. Although the patient did not bring this up in association to the dream element of a slip involving metrically related amounts, I now recalled the episode in connection with the second patient's injection and his frantic telephone call to ascertain whether a mistake might not have been made in the dosage. It became clear from this that the first patient had made use of this event and had woven it into the already firm fabric of her dream by substituting it for her metrically overdosed injection of the past summer. In other words, if any male sexual hormone was being given out, she wanted to be in on it, and if any slip in dosage was being made—well, as long as it was male sexual hormone, the more the merrier.

Thus we see that an apparent exception to the rule of telepathic reciprocity has lost its claim to be an exception when a more detailed analysis of the data was undertaken. And if the reader now spies what else has emerged from the additional data, he will see at once that an exception to another rule has fallen by the wayside: namely, the analyst is involved in this interplay after all. It is all too clear now that the first patient also wanted an 'injection' from me, and that the reason I probably repressed any sexual response to her was because she did not want the 'injection' as such (this is a painful, not a pleasurable business to her) but only as a means of extracting from it the phallic potency it might bring. Thus I find that my castration anxiety, which initially I had thought was not in evidence in relation to this telepathic episode, was

present after all, conscientiously guarding my integrity and seeing to it that some one else was found and pressed into service as a sacrificial victim. A final survey, then, of what I as an active and reactive middleman had engineered would seem to indicate that I had thereby done each patient a dis-service. But it allows me to hold with more conviction the impression that I have mentioned earlier: future investigation may reveal that no telepathic occurrence in analysis, even in the category of the *rêve à deux* or *à trois* among the patients, excludes the analyst and his repressions from taking an active rôle therein. And I should not neglect to mention, finally, that where *my* dreams get mixed with those of patients, I always turn out to be heavily involved, as one would naturally expect, no matter how tenuous the linkage might at first appear from an examination of the manifest contents. Fortunately, I have no occasion to cite this material since the principles involved are sufficiently explicable in terms of data to some degree less personal.

IX

The reader can gather from the foregoing examples that the functional range and complexity of telepathic phenomena far transcend what may be simply subsumed under the term 'extrasensory perception', and for this reason it might be wiser to continue with the term 'telepathy', faulty though it may be, until a better one suggests itself. Telepathy, in other words, is no more a matter of isolated, dissociated perception than is any other purposeful human activity: it is obviously a thoroughgoing part of the total behavior of the individual, suited to his homeostatic needs, and capable of—in fact, necessarily—integrating itself into the main currents of his life and being. No mere concept of the unitary 'mental' function, in the tradition of the older, elementalistic psychologies, can cover the dynamic gestalt of fantasy, emotion, activity which we see exhibited in these phenomena, any more than it could the complexities of individual behavior that psychoanalysis has formerly described. As a matter of fact, once we have grasped

the reality of the telepathic unconscious, it becomes immediately clear that we cannot make a division between one side of life that has telepathic determinants and another side that has not, any more than we can say that the unconscious is at work in one set of human activities but not in another. It is simply a question of quantitative and qualitative relationships that have yet to be fully explored.¹⁹

It would not be difficult to speculate widely about the possible importance of telepathy in a fuller understanding of psychiatric, psychoanalytic, biological and sociological problems. For the present, however, I prefer to remain within short tether of the data as observed in analysis; beyond this, every man to his own fancies.

As far as analysis goes, an understanding of telepathic behavior seems to place in our hands an instrument of definite potentialities at the same time that it points unmistakably toward certain ultimate limitations in our ability to perceive and comprehend the psychological activities of the patient. The promise of the instrument lies in the sharpened focus with which we may in this way view the patient's unconscious life, the deepened background out of which interpretations can be communicated, and the greater measure of control afforded the analyst in the transference-countertransference relationship, where a feed-back system is an urgent necessity. The limitations suggested are chiefly in the extent to which we can expect to carry our analysis of dream material when we realize the broadened scope of the background out of which the 'day's residue' can possibly be derived.

¹⁹ For example, it is no more mysterious or supernatural for a telepathic stimulus to occasion an asthmatic attack or any other set of physiological events than it is, on one hand, for a telepathically perceived stimulus to be reacted to in a dream, or, on the other hand, for a nontelepathic stimulus to be reacted to in bodily terms, a circumstance which is now accepted as commonplace enough. In analysis I have seen several examples of psychosomatic developments on a telepathic basis where the dynamics were no less clear—and no more mysterious—than in the instances of telepathy in analysis already cited. However, since these examples do not illustrate any basic principles beyond those already described, there is no need to include them in this paper.

There are many instances in analysis where the use of the telepathic hypothesis brings to light material that otherwise—at least at the time—would appear not to be accessible to analytic approach. This is particularly true where the patient holds his deeper attitudes and feelings toward the analyst in such tight check that it is difficult even to glean them from ordinary dream material. In such cases an analysis of telepathic dreams has succeeded again and again in forcing the patient to face feelings which conventional analytic techniques seemed unable to bring to the fore. Naturally this involves communicating to the patient the telepathic background of his dream and supplying him with the telepathically perceived data which otherwise he would be unable to bring to consciousness and assimilate. One of the most surprising aspects of this process is the reaction of patients to this type of interpretation: they are not baffled or disturbed but seem immediately to grasp the core of the situation as if it were an everyday experience, and repeatedly exhibit the well-known evidences of a correct and effective interpretation—laughter, delighted astonishment, confirmatory material, the resolution of a symptom. I have yet to discover a contraindication to this kind of interpretation, nor would there seem to be any limitations to its use other than the discretion necessarily involved in touching upon the intimate secrets of others, or the extent of the analyst's reluctance to disclose details of his own personal life. The tendency of the patients to make capital of this 'special' type of linkage to the analyst must, naturally, be analyzed along with other aspects of their transference strivings.

The only instances I have seen in which interpretation based upon telepathic data was even mildly disturbing occurred in the cases of two obsessive neurotics. But in the case of one of them, a woman who was severely crippled by her obsessional neurosis, such interpretations, it must be said, were hardly more disturbing than other aspects of the analytic approach: it was simply that anything which threatened to penetrate her excessively intellectualized defenses was sufficient to provoke her scorn and hostility. The other patient

had an obsessive character neurosis and the basis of her negative reaction turned out to be related to specific childhood œdipal fantasies which had been deeply repressed. When this was analyzed out in the course of telepathic dream analysis, a clear turning point in the patient's treatment was reached. Lest it be imagined that something in the structure of the obsessional neurosis itself might render difficult the use of interpretation based upon telepathic data, I should mention that a third obsessive neurotic, a middle-aged man with classical features of the illness, took to the telepathic aspects of analysis with great ease.

As to the reactions of other types of individuals, it would be hard at this point to delineate any outstanding differential characteristics. Nor would it be possible to state that certain types of individuals are markedly more given to telepathic functioning than others, unless, perhaps, it be those highly involved in the œdipus complex and having a good deal of primal scene material in the repressed background.²⁰ However, one could not state without further study that these individuals function telepathically to a greater degree than others; it may simply be that the way in which their material is assembled and elaborated makes it easier for the analyst to perceive the interrelated patterns. Since accustoming myself to deal quite easily with telepathic material, I have not yet come across an analytic patient who appeared without the capacity to function telepathically, and my experience includes borderline psychotics and epileptics, as well as neurotics. The phenomenon can also be easily observed in nonanalytic patients and even persons who come for single consultative visits.

The question naturally arises as to what conditions in the analyst would favor the emergence of comprehensible telepathic episodes in analysis. The answer probably is to be found in a study of the fluctuations of the analyst's anxiety level and his characteristic mechanisms of defense. Obviously, if the hypothesis relating to the rôle of active repression in the analyst

²⁰ Róheim (*op. cit.*) brought out this connection in the case he described.

as a condition for the telepathic occurrence is correct, an analyst who never experienced anxiety would hardly have occasion to see the phenomenon; however, the peculiar conditions of analytic work are usually sufficient to guarantee even the sturdiest practitioner a certain percentage of off-key days. Hollós stated, as an auxiliary demonstration of his thesis in regard to the analyst's rôle, that on days in which he was for some reason anxious or in conflict, when everything went wrong, the frequency of telepathic occurrences was so great that these seemed to crowd out all other material. He felt reassured by the fact that fewer instances seem to have occurred toward the end of his twenty years of experience with telepathic phenomena. I cannot draw such a simple curve from my experience. On days on which I am out of sorts or in subjectively felt conflict over some matter, I sometimes perceive few or no telepathic occurrences in analysis; on days when I am active, have a sense of well-being and am well disposed toward the world and my fellows (that is, if I am slightly on the hypomanic side) I am likely to see as much telepathy as under any other conditions. In the latter circumstance I do not have less latent anxiety than when I am feeling less buoyant or out of sorts, but my repressive mechanisms are probably working better. It would appear as if the analyst's rôle in the telepathic process followed the curve of a parabolic function: too little free floating anxiety would not favor the emergence of the telepathic occurrence; too much might block his perception. As to Hollós's assertion that he encountered fewer manifestations of telepathy in his later years, I am inclined to think that this may possibly be related to the natural waning of the biological powers with age. Many types of data have led me to suspect that the telepathic function is more closely geared to the strength of the instinctual drives, particularly the sexual, than are the more specific sensory functions.

The most important question to be settled in connection with the rôle of telepathy in analysis is not the optimum degree of anxiety or freedom from anxiety in the analyst but his

genetic type of psychological constitution and the way in which his anxieties are structuralized and related to his defense mechanisms. The question this raises as to whether or not the technique of analyzing telepathic material can ever have general applicability will have to be settled by future research.

Whether or not the technique of analysis of telepathic material ever achieves general applicability, the very fact that telepathic functioning occurs at all—and this, I believe, can ultimately be proven to the satisfaction of most—must be considered seriously for the implications it holds in regard to dream analysis. Freud maintained that the majority of dreams in a difficult analysis are virtually unanalyzable by means of the dreamer's own associations.²¹ This he attributed to high resistance. 'If the pressure is high, one may perhaps succeed in discovering what the things are with which the dream is concerned, but one cannot make out what it says about these things. . . . Least of all can one learn anything from them upon the recurring question of where the dreamer's wish fulfilment may lie hidden.' When one has studied many telepathic dreams in which wish fulfilments are to be found in events occurring outside the direct and immediate experiential scope of the dreamer himself, one wonders if it is not a fortuitous occurrence when we do manage satisfactorily to analyze a dream without these contributory factors, particularly since the patients' resistances may attempt to utilize these very elements for added concealment, not only from the analyst, but, of course, from the dreamers' own egos. Fortunately there exist helpful signs to indicate when a particular dream is apt to incorporate telepathically perceived residues and under what conditions one should be especially on the alert for these occurrences. This will have to be the subject of a separate communication.

²¹ Freud: *Bemerkungen zur Theorie und Praxis der Traumdeutung*. Int. Ztschr. f. Psa., IX, 1923, pp. 1-11. Trans. *Remarks upon the Theory and Practice of Dream Interpretation*. Int. J. Psa., XXIV, 1943, pp. 66-71.

X

One of the greatest advances—to my mind the greatest—in the study of telepathy and allied phenomena occurred when Freud made the simple observation that psychoanalysis was capable of unmasking a telepathic event which otherwise could not be recognized as such. In spite of this, and perhaps because he lacked at the time the tremendous corroborative value of the statistical work in the field which we now have, Freud remained somewhat ambivalent toward his own discovery. He was particularly afraid of two things: that the future of psychoanalysis would somehow be endangered if analysts became preoccupied with the 'occult',²² and that the work might bring him once more face to face with his old adversary—religion, perhaps in the sense that the data might be seized upon by hungry religionists as proof that the materialist conception of the universe has not given us a correct picture of reality after all.

That the facts of telepathy in any way endanger the accepted body of psychoanalytic findings cannot be maintained. If anything, these facts augment, extend and validate what we already know and in no instance have they revealed anything that might run counter to what has been solidly established. In certain questions, furthermore, as in the problem of anxiety dreams in which wish-fulfilling or anxiety controlling elements appear to be absent, telepathy provides the necessary data to bring many apparent exceptions within the scope of the general rule. But I do not believe that this was Freud's primary concern. No one had a more absolute trust in the methods of science than he, and he repeatedly demonstrated his capacity to examine a new hypothesis with equanimity and candor. What was of greater concern to him was the possibility that psychoanalysis—should its devotees become known as trafficking in a subject savoring of the black arts—might

²² Freud: *Psychoanalyse und Telepathie. Schriften aus dem Nachlass. Loc. cit.*

have on its hands a war on two fronts when one was troublesome enough.

Such a possibility, nay, almost a certainty should a widespread interest in telepathy develop among analysts, cannot be lightly dismissed. However, psychoanalysis is in a much stronger position to wage such a war today than in its earlier years, first because it is at last firmly entrenched behind its own achievements and fortified by its diplomatic successes in many quarters, and second, because its fighting allies possess greater numbers and are of a much different caliber than what they could have been twenty or thirty years ago. We do not today have to align ourselves with discredited crystal gazers and table-lifters; we are amply supported by researchers of the highest academic standing.

As to the religious question, psychoanalysis armed with the data of telepathy is in a much better position than ever before—and, I believe, in a much better position than any other critical discipline—to sound the death knell for all the superfluous hypotheses that have constituted the rationalistic background of the religious view of nature. What psychoanalysis has dealt with thus far has been the emotional origin of the need for religion, and this, of course, will probably continue to be a persistent factor in the future of society. But what psychoanalysis and every other scientific critique of religion has hitherto neglected to deal with is a considerable core of empirical fact woven into the texture of religious doctrine which has immediate, personal significance to millions upon millions of people. We need not (oftentimes, actually, we cannot) attack these facts; but with the assumption of telepathy we are in a position to strip the deity of his few remaining uses to the faithful as a conceptual middleman. When the data of telepathy are explored psychoanalytically, it can be shown that all evidences of divine mercy and love, as well as of divine wrath, can easily be accounted for on the basis of the unconscious telepathic interrelationships of mankind. Nor will the survival hypothesis as it now stands (a hypothesis staunchly defended not only by uncritical lay persons but by a great

many scientists as well) survive the spotlight of psychoanalytic investigation. Those who have not studied the extensive data of cross correspondences compiled by serious investigators in the field may imagine that it is an easy matter to laugh away the idea of survival on *a priori* or other grounds. It is not. I was surprised to find that the hypothesis is buttressed by a good deal of provocative evidential material and that its demolition would require, in fact, at least one missing link. But even now that link can be supplied by the assumptions of both psychoanalysis and telepathy, or rather by the possibilities of telepathic phenomenology as revealed through psychoanalytic study.²³ All in all, psychoanalysts may be assured that the study of so-called paranormal psychological phenomena can only strengthen that view of man and nature which science in general and psychoanalysis in particular has revealed to us.

Freud concluded an early paper on telepathy by citing the remark a certain sexton used to add to his recital of the story of St. Denis, who allegedly, after his execution, picked his severed head up in his arms and took a step forward with it: 'In cases of this sort', the sexton would say, 'it is the first step that counts'. It is possible that Freud was too hopeful in this instance and that many more steps will be needed before people will take kindly to an hypothesis as unwelcome in its way as psychoanalysis itself was. Fortunately we shall not be called upon to convince anyone that an individual can function without his head—merely that he frequently, as it were, makes good use of someone else's.

²³ Murphy, Gardner: *Difficulties Confronting the Survival Hypothesis*. J. Am. Soc. Psychic Res., XXXIX, 2, 1945, pp. 67-94.

PSYCHOANALYSIS AND HISTORY THE NIBELUNGS AND THE BIBLE

BY FRITZ WITTELS, M.D. (NEW YORK)

Elsewhere¹ I tried to show that an approach to history can be made by studies of the unconscious motivations of rulers, teachers, statesmen, founders of religions and religious orders who created institutions that survived them and influenced nations in succeeding centuries. The spirit of the founders lived in their institutions and molded the attitudes and thinking of the people who came under their influence. We study therefore collective psychology when we understand the psychology of leaders whose personalities had far-reaching impact upon the citizens of their nations.

Another psychoanalytic approach different from the study of individuals is suggested here. We can try to understand history and the nature of nations by turning to their mythology. Our new approach is opened by Freud's pronouncement that myths are the dreams of young nations. The force that creates myths grows increasingly weaker with the progress of civilization; it is a characteristic of the infancy of nations, comparable to the playing and daydreaming of children which are preserved in adult life only in exceptional instances. When Freud discovered the language of the dream, it soon occurred to him that myths, legends and fairy tales were constructed like dreams, and subject to similar laws. Like dreams they are wish fulfilments in which the wish and its fulfilment are disguised but may be discovered through psychoanalytic interpretation, by comparative studies of older variations of the same myth, and by collation with the myths of other nations.

The early psychoanalytic students of myths found in them

Read before the New York Society for Psychopathology and Psychotherapy, April 1945.

¹ Wittels, Fritz: *Collective Defense Mechanism Against Homosexuality*. *Psa. Rev.*, XXXI, No. 1, 1944.

chiefly disguises of the œdipus complex and its derivatives. They neglected to utilize the fact that in addition to secondary elaboration the dream often has a directly recognizable allegoric meaning.² The manifest dream not only has the aim of concealing the deeper meaning, but also of expressing directly the dreamer's ideas about his environment in the present, the past, and the future. Our patients tell us in allegoric form what they think of the analytic situation and this is important for the continuation of our work. In a comparable manner, the interpretation of myths reveals what a people thinks of itself, what are its wishes, its hopes and fears. A people transmutes its wishes into reality whenever a leader and the opportunity make it possible. Leaders are easily found—some even say are always found—when particular wishes are present as expressed in the myths.

A myth preserved for centuries without undergoing any changes (the manifest myth) is of particular interest to the analytic historian. We know that the myth previously underwent changes, comparable to the secondary dream elaboration. Why do these changes cease at a certain moment in the history of the nation for which the myth is characteristic? The reasons are identical with the laws ruling the dream. Secondary elaboration is finished when a version is achieved well-adjusted to the demands of the people, a compromise in which the people feel at home. The wishes have become ego-syntonic and can be displayed in a narrative.

The central themes of mythology are similar in all nations. There are the various heroes who slay the dragon; Jack the giant killer and David who slays Goliath; Adam and Eve of Genesis have their close parallel in a much earlier Chinese account of creation, and many other biblical themes have been traced to other civilizations, some of them older than the Jewish Book. Yet, these themes were spread through the Bible and the zeal of the Jews; the Bible has become characteristic of the ancient Jews and their Christian followers. To under-

² Silberer, Herbert: *Phantasie und Mythos*. Jahrbuch f. Psa. u. Psycho-pathologische Forsch., II, 1910; cf. also Vol. II* 1911, 2d part.

stand the national psychology of the ancient Greeks we must turn to Homer; of the Jews to their Book; of the Arabs to the Arabian Nights. A nation in which the chivalrous tales of King Arthur and his knights retain their vitality must psychologically be quite different from the tradition of one for whom the offspring of the Nibelungs of the Siegfried Saga have remained the national heroes. We venture the opinion that the English ideal of the 'gentleman'—untranslatable, and therefore adopted in its English form in most languages—may be traced to the code of King Arthur's knights. Up to this day the position of the woman in English speaking countries has its understructure in the stories of Guinevere, Elaine 'The Lily Maid of Astolat', and the other ladies of the Knights of the Round Table. As long as the Arabian culture bloomed the stories of Baghdad were their women's pedestal. The Orient as well as the medieval West recognized the *lady*. The Italian Renaissance knew her fully. Whereas Brunhild and Kriemhild of the Siegfried Saga are towering figures, they were no ladies.

The Song of the Nibelungs is the representative myth of the Germans although the main theme of Siegfried, the dragon killer, who is later slain by his own kinsmen exists elsewhere. The Song of the Nibelungs is the best known and most highly cherished mythological possession of the German people, and the Siegfried Saga is much more popular than any other myth in the Teutonic collection. It was given its definitive form at the beginning of the thirteenth century. The author of this text, which has not since been changed, is unknown. At about the same time, some other epics became current, the most important being Wolfram von Eschenbach's Parsifal and Gottfried of Strassburg's Tristan and Isolde. These, however, were imported into Germany from the West, mostly via France. They were chiefly translations of Western epics. The Song of the Nibelungs which wandered from Germany to Scandinavia and back to Germany is an exclusively Teutonic product.

The representative and dominant myth of a nation, transmitted from generation to generation, seems to be the deepest collective psychological expression of its culture. It contains the philosophy of a nation in the form of a narrative. This analytic approach to mythology was anticipated by the German philosopher, Frederick William Schelling:³

'A nation comes into existence with its mythology. What is a nation or what makes it a nation? Not only coexistence in space but the unity of its thinking, which means a collective philosophy as presented in its mythology; therefore its mythology contains the fate of a nation in the same sense as his character is the individual's fate. The mythology of a nation determines its history because with all [young] nations authority, laws, habits and even occupation are intimately connected with their idea of God. Its mythology is born with a nation as part of its individual national self [*Volksbewusstsein*]. Its origin goes back to the time when the nation was formed and this was certainly not a time for mere fiction.'

It is in the foregoing sense that the Song of the Nibelungs may be studied as a source for an examination of the German 'national soul'. We do not go as far as Schelling who says that the entire history of a nation, its past as well as its future, is implicit in its mythology. Be that as it may, the theme of the hero who reaches the peak of power and glory, is admired and feared by all, and who dies at the hands of his own kinsmen—this theme has more than once appeared in Germanic history.⁴

The vitality of representative myths is variable. The Jews continue to draw strength from their Book which records the

³ Quoted from Adolf Allwohn *Der Mythos bei Schelling*. See also F. W. Schelling *Collected Works*, 2nd part, Vol. 1, publ. by Cotta.

⁴ The same motif played an important part in the history of Sweden. King Charles XII of Sweden, a military hero who set out to conquer the world, died from a bullet that was probably fired by one of his own henchmen. It is not yet determined whether Hitler was slain by his own followers, who certainly attempted his assassination on the 20th of July, 1944.

mythology of their remote ancestors. The modern Italians by contrast are uninfluenced by the ancient Roman myths of Virgil's *Aeneas*, of Romulus and Remus and the she-wolf. To this the psychological failure of the Black Shirt interlude, built as it was on a melodramatic revival of Roman pageantry, may be in part attributable. Similarly, Vercingetorix and the Druids have no vital meaning for modern Frenchmen, and modern Englishmen have little in common with their forebears of Roman or Druidic times. In Western countries Christianity and historical development have buried the older mythologies. The three R's (Renaissance, Reformation, Revolution) have created a new mythology harder to recognize as such.

Germany, among modern nations, is a notable exception. The influences of classical antiquity, including Christianity, have not destroyed the power of the older national myth. The Song of the Nibelungs can still inspire Siegfried Lines, Siegfried swords, Nibelung loyalty, and the revival of such characters as Hagen and the Valkyries from the still more ancient Nordic version of the epic. Germans consciously identify themselves with the heroes and heroines of the Song; they want to live and die like them. Far from being horrified by the cruel events depicted in their medieval epic, the Germans of today are still thrilled by them.

Max Mell, one of the more important contemporary German poets, gave his people a modern version of the Nibelungs. German authors, poets, playwrights are always rewriting, regrouping, reinterpreting the epic, much as the ancient Greeks embellished dramatic versions of *Oedipus*, *Medea* and other mythologies without altering the underlying myth itself, well-known to all spectators. In the *Neues Wiener Tageblatt* of April 30, 1944, was printed an interview with Max Mell in which the poet was asked: 'How is the mythology of our people valid in the present day?'

'It is a cultural possession that we received in our childhood more by divination than by intelligence. It is a cultural possession with which we have become familiar through the

stories of our parents and nurses. We received it devoutly. Without this intimate devotion, it cannot be understood. The foundation which links us to it is irrational. . . . The child does not accept everything that is communicated to him in that way. What he accepts has been familiar to his listening soul. And only this outlasts the centuries. Today only little has remained of the Greek gods that humanism wanted to implant so deeply into our culture; the masses have never known anything about them. But Siegfried and Kriemhild were always in the people's soul.'

Mell speaks for a host of Germans who believe that Christianity and classical culture were artificially imposed upon the German people. Siegfried, Gunther and their women are alive in the 'people's soul'; Christ, a foreign god, is banished. In German history the struggle between the spirit of the Nibelungs and the spirit of civilization has raged for centuries. When Luther's Reformation and the subsequent counter-reformation triumphed over paganism, the Song of the Nibelungs was temporarily completely forgotten. It is significant that even the manuscripts were lost after Luther had translated the Bible for the Germans and that the Song was rediscovered around 1750, more than two centuries later, when the religious landslide had come to a halt, followed by a nationalistic revival which turned to the old Teutonic treasures.

The Song of the Nibelungs in its final version expresses deep contempt for woman's sexual honor.

In the older Nordic version of the Siegfried myth, according to the Edda (as in Richard Wagner's music drama), Brunhild is a Valkyrie and daughter of Wotan. Siegfried penetrates the wall of flames by which she is surrounded, falls in love with her and becomes her husband. Later, at the court of King Gunther, he is made to forget her by means of a magic potion, and the King persuades him to woo her again, this time disguised as King Gunther who cannot woo her himself because she is still surrounded by the wall of flames which only Siegfried can cross. He is promised the hand of the King's

sister as his reward for this deed. Brunhild does not recognize Siegfried in his disguise nor does he recognize her. She follows him to the court of the King because she is obliged to follow whoever penetrates the wall of flames. During the ensuing journey, Siegfried places a double-edged sword between her and him every night to indicate that he would not even touch her. At the royal court, Brunhild finds Siegfried undisguised and sees him married to Gunther's sister. She is driven to despair and takes her revenge by having him killed. Then she stabs herself at the hero's funeral pyre.

The Scandinavian version is outlined to show the extent to which Brunhild's fate and dignity are degraded in *The Song of the Nibelungs* of the thirteenth century.

Brunhild is the ruler of Isenstein, a distant country. She is an Amazon and will marry only the man who can defeat her in a tournament. Gunther, King of Burgundy, wishing to woo her but doubting his power to defeat the maiden, persuades Siegfried, at that time his guest, to help him. Siegfried's previous marriage to Brunhild is omitted in this version. Siegfried consents because he is in love with Gunther's sister, Kriemhild, who is promised to him in marriage as a reward for his help. The old motif of Siegfried's marriage to Brunhild is obscurely suggested in the story, for Siegfried is the only one who knows the way to Isenstein, and he is the only person whom Brunhild knows by name when the knights of Burgundy reach her castle.

Now begins a series of ignominies perpetrated against the heroine. Siegfried possesses a cloak which makes him invisible. Gunther, much too weak to withstand the maiden's prowess as a fighter, defeats her nevertheless with the help of the invisible Siegfried. She has a spear so heavy that twelve men are required to carry it. She hurls it, piercing Gunther's shield. Siegfried, to whom the cloak gives the strength of seven men, holds the shield, withdraws the spear and throws it back, almost killing the Queen. She, of course, is completely unaware of the fraud of which she is the victim. Next, she throws a tremendous rock a long distance which she covers by jumping

after it. Gunther is asked to match the feat. Siegfried throws the rock a good deal further than the Queen was able to, Gunther making only the appropriate gesture; then, holding Gunther in his arms, Siegfried jumps after the stone, which defeats the Queen completely. She gives up and follows Gunther to Burgundy as his bride.

The epic proceeds to describe Gunther's famous, or infamous, wedding night. Brunhild, again defiant, fights off Gunther's amorous overtures. With a long belt which he vainly tried to take from her waist, she binds his hands and feet and hangs him on a hook on the wall. There he has to spend the rest of the night and is freed by his bellicose bride at dawn only in return for his solemn promise never to touch her again. The same night Siegfried consummates his marriage with Kriemhild. After breakfast he meets his brother-in-law and finding him gloomy inquires about his trouble. The two knights agree upon a plot which they carry out the following night. Siegfried, again wrapped in his cloak of invisibility, enters the couple's nuptial chamber. Gunther breaks his promise, and when the maiden starts to truss him up again, he blows out the candle light and says in effect: 'So far this has been a joke, but now I am in earnest'. Siegfried, who not only is the strongest man on earth but in addition possesses the sevenfold power given him by the cloak, struggles with the Queen in the dark, deprives her of her golden ring and her belt and delivers her to King Gunther. Here the Song attempts feebly to make us believe that the defloration of the mighty virgin is achieved by Gunther; but the entire situation and the accusations of Kriemhild—which follow later and lead to Siegfried's death—make it more than probable that the valiant King is displaced in the defloration of his bride by the invisible hero.

The allegoric interpretation of myths provides us here with a number of explanations mitigating the rude narrative. However, as explained above, we take the Song as a final and well-remembered secondary dream (myth) elaboration displaying the shape in which the story has become acceptable

to the national ego. The events of this story live in the German epic as facts, handed down from generation to generation, without any moral disapprobation worth mentioning. In the course of the narrative there are predictions of a catastrophe that will come from this deed. The poet is sorry, not for the shabby behavior of his knights, but for their impending doom. He does not say: 'One cannot do such things to a woman'.

Siegfried gives Brunhild's ring and belt to his wife Kriemhild as souvenirs. He tells her the entire story which he probably considers quite humorous. Siegfried leaves the court of King Gunther and for ten years lives happily with his wife in his own country, the Netherlands. After this, the couple pay a friendly visit to their kinsmen in Burgundy and there occurs the famous dramatic argument between the two women in which Kriemhild calls Brunhild her husband's concubine, showing her as evidence the ring which Siegfried had taken from the Amazon's finger. Brunhild's pride is mortally wounded and nothing short of Siegfried's death can placate her.

Hagen of Tronje, Gunther's uncle, now becomes the central figure in the epic, overshadowing all others in importance. He is innocent of the outrages committed against Brunhild; he was not even present at the treachery of the tournament. He appears to be not interested in women; he is an unmarried warrior who despises fools in love. He hates the youthful braggart, Siegfried, and when he learns of the insult to Brunhild, he agrees with her that he must be destroyed. He asks and receives King Gunther's permission to kill the man to whom the King owes his life and his 'honor'. The 'liquidation' is carried out with traditional treachery. Siegfried is invulnerable except for one spot on his back. Hagen, pretending that he will be better able to protect Siegfried against danger in an impending war if he knows where this spot is situated, gets the information from Kriemhild. Trustingly she embroiders a red cross on Siegfried's jacket. Hagen kills his unsuspecting nephew-in-law from the rear by throwing the spear at exactly the spot which Siegfried's own wife had unwittingly marked.

tingly made a target. He takes Siegfried's body to Kriemhild's back door in the dark of the night. Early in the morning Siegfried's wife stumbles over it.

In this very same period the troubadours sang their tender ballads in Southern France. The story of Tristan and Isolde was popular as were the tales of King Arthur's knights with their gallant and exalted love adventures. The clash between the Spanish Moors and the Christians, also the Crusades that brought the conception of the *lady* to Europe were almost over at the time. We see the tremendous difference between the heroes of the Nibelungs and the Western world of the later Middle Ages.

After many years of solitary mourning, Kriemhild accepts Etzel (Attila, mighty King of the Huns) as her second husband. Her outspoken purpose is to take her revenge against the murderers of Siegfried. After living with Etzel for a number of years, she invites her kinsmen to visit her. Hagen, knowing his niece's state of mind and despite repeated warnings decides to accompany the Burgundians to Etzel's kingdom. He is not afraid of any woman. With Siegfried's sword, Balmung, at his side (an additional offense to Kriemhild) he appears defiantly in the midst of the Burgundians. Kriemhild tries repeatedly to have him killed by her henchmen. When the Nibelungs cover their guilty kinsmen with their own bodies, a general blood bath ensues in which the German hero's miraculously valiant fighters kill thousands of King Etzel's men. There is never a word of complaint from these German heroes against Hagen for whose sake they must accept certain death. This is 'Nibelung loyalty' of which Germans boast so much. King Gunther and his uncle, Hagen of Tronje, are the last survivors. They are defeated by Dietrich of Bern, Etzel's vassal, who ties them up and delivers them to Kriemhild who, by this time driven to raving despair, has Gunther beheaded and tearing Siegfried's sword from Hagen's side decapitates the last surviving Nibelung with her own hands.

Brunhild is not mentioned in the second part of the Song.

Kriemhild and Brunhild are identical, one person split into two as in a dream.

The tremendous contrast between the loyalty to death of the Burgundians in the second part of the Song, and their unspeakably treacherous behavior towards one another in the first part requires comment. Such mutually exclusive complexities of human behavior or fantasy cannot be rationally explained. A closer examination of the text gives evidence that these men at Etzelsburg love each other. This is openly expressed in the scene in which Rüdiger von Bechlarn, one of Etzel's vassals, kisses the man whom he is about to slay. These warriors are full of admiration and devotion for each other, friend and foe alike.

Siegfried is the exception. He is not one of the group, but is clearly superior, stronger, more beautiful, endowed with eternal youth. The Burgundians defend themselves against falling in love with him in a paranoiac fashion: they kill him in order not to succumb to their love for him. Siegfried is one of the Adonislike young heroes found in almost all mythologies. He closely resembles Achilles, the Greek hero, who like Siegfried is killed in the prime of youth (to be sure by an enemy, not by his own kinsmen) and knows that an early death overshadows his glorious life. Like Siegfried, he is invulnerable with the exception of one spot. Achilles is not without feminine traits. He weeps readily and complains to his mother when he feels that he has been wronged. He is a child of nature who becomes angry when he is not allotted enough of the booty or when someone tries to take it away from him. Like Siegfried, he is a fearless fighter. The latter being Teutonic is not permitted to cry, but shows his infantile and feminine traits in many other ways.

There is a number of such young heroes in Jewish mythology. Thomas Mann has made us familiar with Joseph, Jacob's son. The most famous young Jewish hero is David who, in lieu of a dragon, kills the giant Goliath. Michelangelo's colossal statue of the young David holding the sling in his hand leaves only one conclusion about the artist's conception

of the hero: he is an adorable boy. In Rembrandt's painting, *Young David Plays for King Saul*, the artist has sensed the homosexual response which David arouses even more clearly. He represents the melancholy old King partly covering his face with a mantle as he looks upon the Jewish boy at whom at the next moment he will throw his spear. To kill one's fellow man when he becomes too lovable is a defense mechanism against homosexuality.

In the Siegfried legend, the evidence becomes stronger when the Gunther-Siegfried-Brunhild triangle is examined. Two men are brought together in bed with the same woman for the purpose of depriving her of her virginity. It has become axiomatic in modern psychology to interpret such triangles—even when they are not explicitly sexual—as the expression of overt or latent homosexuality. As a rule, the woman has an inkling of the truth, considers herself abused, and ends the homosexual paradise of her two partners more or less abruptly. Brunhild may be the first example in literature of a woman so victimized. Her revenge strikes Siegfried whom she loves; Gunther is unimportant.

Anal eroticism is not absent either. A basic motivation of the character of Hagen and Gunther is greed. After slaying Siegfried, Hagen steals not only his sword, Balmung, but also the hero's enormous treasure of gold which he had won from the Nibelungs whom he defeated. The Nibelungs are familiar to us from Richard Wagner's operatic cycle. The dwarfs, Mime and Alberich, the latter Hagen's father, live in dirty underground caves.⁵ Hagen refuses to return this hoard to Siegfried's widow. The Burgundian knights come to call themselves the Nibelungs because they all share the stolen prize. Before leaving for Etzelsburg, Hagen hides the treasure in the depths of the Rhine and does not reveal the hiding place to Kriemhild, even though he could have saved his own and

⁵ Cf. G. B. Shaw, *The Perfect Wagnerite*, an explanation of the *Ring*. It shifts the responsibility from Wotan and his crowd to the capitalist system which, according to Shaw, Wagner—after the revolution of 1848 a persecuted leftist—wished to denounce.

Gunther's lives by telling her. Kriemhild's despair and thirst for blood largely result from her own greed. Lust for revenge and greed contend in her soul. Richard Wagner centered the entire conflict of his music drama on greed for gold and mercenary treachery.

Siegfried, the only one of these characters represented as having achieved mature heterosexual love, is hated and killed. The others hate women and are motivated by greed.

We leave the Song of the Nibelungs in order to discuss another myth which took hold of the German nation with great power, alien though it was: the *Hebraic Myth* in its translation by Martin Luther. It is impossible to exaggerate the influence of this translation on the German people. Before Luther, the Germans had no common language. Had it not been for Luther's Bible, German tribes might still speak native tongues as different as Dutch, Danish, Norwegian and German. Luther for his translation used the language of the Saxonian Court Chancellery. This work became so popular in a short time—the printing press was at the time almost one century old—that the Germans not only became Lutherans, but were given a language which made possible their unification into a nation. The language of Luther is still written and—among the educated—spoken to this day with relatively little change. It is, therefore, replete with Biblical words, phrases and proverbs for which Luther first found expression in German. The frequently noted similarity between the Germans and their much hated Jewish fellow citizens has one of its strongest roots in this fact.

Let us compare the representative English translation with Martin Luther's work. When the King James version was published, Shakespeare had written almost all his principal plays; he died five years after the publication of the Bible. The Anglo-Saxons did not need the Bible to become a nation. There were still other reasons—economic reasons—for which

the German contemporaries of the first Puritans read the Bible with different eyes than the Protestants of the West. We add to these reasons a psychologic motivation: Jewish Christianity in Germany came up against the offspring of the Nibelungs with their destructive defenses against latent homosexuality. They understood hell but not heaven. Their old pagan myth was not displaced; the Hebraic myth was superimposed upon it. This might be a clue to the psychopathology of men who throw live children to the flames, then carefully count and hoard their shoes. In the Nibelung tradition the Germans took from the Scriptures everything that was consistent with this pagan heritage and rejected the cultural essence of Christianity as expressed in the Ten Commandments, the Psalms, the Prophets, the Sermon on the Mount, the brotherhood of man.

The following quotations from the Bible are taken out of their context and do not express the spirit of the Scriptures, neither of the Old nor of the New Testament. They express the Nazi spirit. The resemblances, however, are too striking to be accidental. Hitler proclaimed to the Germans that they were the 'chosen people' fated to dominate the world: 'Today Germany is ours, tomorrow all the world'. The same was promised the Jews by Jehovah (Exodus, XIX:5: 'If ye will obey my voice indeed, and keep my covenant, then ye shall be a peculiar treasure unto me above all people: for all the earth is mine . . .'). The Biblical 'Praise the Lord!' became 'Heil Hitler!' 'One God, one Book, one People!' the battlecry of monotheism, degenerated into 'One Reich, One People, one Fuehrer!' The Messiah who was to deliver the world to the Germans promised them a Millenium which was to last a thousand years. The language of the prophets, vibrant with religious passion, is burlesqued in the pronouncements of the Nazis.

With the Nuremberg laws against race pollution compare Deuteronomy, XXIII:3: 'An Ammonite . . . shall not enter

into the congregation of the Lord; even to their tenth generation shall they not enter . . .'.⁶

In conquered countries, the Germans behaved in accordance with Deuteronomy VII:2: 'When the Lord thy God shall deliver them before thee, thou shalt smite them, and utterly destroy them; thou shalt make no covenant with them, nor show mercy unto them. Neither shalt thou make marriage with them . . .'.

On November 10, 1938, in a 'spontaneous outburst of indignation', Goebbels ordered almost all the Jewish synagogues in Germany burned or blown up: Deuteronomy VII:5: 'Thus shall ye deal with them; ye shall destroy their altars, and break down their images, and cut down their groves, and burn their graven images with fire. For thou art a holy people unto the Lord thy God: the Lord thy God has chosen thee to be a special people unto himself, above all people that are upon the face of the earth.' The almost literal translation of these Hebrew words, written three thousand years ago, should be compared with the German national anthems.

Many Germans had married Jews and had children; the new legislation enlightened them in accordance with Ezra, IX and X: '. . . The princes came to me, saying, the people of Israel, and the priests, and the Levites, have not separated themselves from the People of the lands, doing according to their abomination.' To this Ezra reacted: 'When I heard this thing, I rent my garment and my mantle, and

⁶ These prohibitions should not really be compared with the Nazi doctrine of race and blood. The Bible meant nothing of the kind. Deuteronomy VII:4 gives a better motivation. Moses was against intermarriage because the small Jewish nation was surrounded by pagans who did not understand the revelation of monotheism and the decalogue. Intermarriage, if not strictly prohibited, would have destroyed the entire *raison d'être* of the Jews: 'For they will turn away thy son from following me, that they may serve other gods . . .'. Accordingly, in Deuteronomy XXIII, 7 and 8: 'Thou shalt not abhor an Edomite . . . thou shalt not abhor an Egyptian. . . . The children that are begotten of them shall enter into the congregation of the Lord in their third generation.' The Jews accepted Edomites and Egyptians after they had lived with them for three generations. They assumed that these strangers were sufficiently familiar with monotheism by that time, even if they had no Jewish ancestry.

plucked off the hair of my head and of my beard and sat down astonished.' How like the fits of rage of the squire of Berchtesgaden! Ezra assembled his congregation and has Shechaniah say: 'We have trespassed against our God and have taken strange wives of the people of the land. . . . Now let us make a covenant with our God to put away all the wives, and such as are born of them. . . . Then all the congregation answered and said with a loud voice: "As thou hast said, so must we do!"' (Goering in a Reichstag session in the Kroll Opera House in Berlin: 'Fuehrer, you command us—we will follow!')

These examples should not be interpreted as illustrating the belief that Hitler consciously framed the Nazi philosophy on a pattern borrowed from the Old Testament. On the contrary; these are unconscious repetitions deriving in large part from four hundred years of Biblical indigestion. German eclecticism failed to assimilate the Gospel of salvation and the parts of the Scriptures that are cherished elsewhere. The barbaric remnants of predatory greed return from repression: the German id (the Nibelungs) prevails over the German superego (the Scriptures).

BOOK REVIEWS

FREUD: MASTER AND FRIEND. By Hanns Sachs. Cambridge, Massachusetts: Harvard University Press, 1944. 189 pp.

From the turn of the century, as psychoanalysis intruded itself into the awareness of thinking men, the inevitable detractors, from a multitude of motivations, hoped to discover that Freud was a degenerate libertine whose alleged discoveries were a pseudo-scientific justification of his dissolute habits. They found, in fact, a serious scholar, and exemplary father, husband and citizen. Dr. Sachs' intimate account of three and a half decades of close association and collaboration with Freud presents nothing to alter the bare outline of this fact, but it brings to life the personality and spirit of a great man.

'Many people have never given up their fond hope that the man whose works created sensation after sensation, whose very name had become a catchword of offense to their tender moralities, would someday be found living in the midst of stirring adventures—adventures, of course, in the erotic line. They have so far been cruelly disappointed and neither this nor any other truthful book will begin to alleviate their feelings. All I have to offer are some character traits which are too human for the storybook pattern, just a few of those peculiarities by which a face is distinguished favorably from a plaster cast.'

This volume is a work of love. The author states his position with disarming candor.

'In a certain sense this could be called a piece of my autobiography since it concerns the personality of the man who was, and still is, a part—and certainly the most important and absorbing part—of my life. The rest of my life, whatever I may think of it, would hardly seem important to the world in general. My first opening of the *Traumdeutung* . . . was the moment of destiny for me—like meeting the *femme fatal*, only with a decidedly favorable result. Up to that time I had been a young man who was supposedly studying law but not living up to the supposition—a type common enough in Vienna at the turn of the century. When I finished the book, I had found the one thing worth while for me to live for; many years later I discovered that it was also the only thing I could live by.'

The words 'master' and 'disciple' as applied to friendly association, professional study and collaboration with a great man, have a strange sound to American ears. It is customary to describe

oneself as a student or pupil of the teacher and friend. Not for those for whom the author's usage is a confirmation of the sneer that psychoanalysis is a cult and Freud its High Priest, but for the few who may not know, Hanns Sachs is a European who became a citizen of the United States as one of the few happy consequences of Hitler's *Kampf*. The brash irreverence towards all authority that is a by-product of American political tradition has no parallel in European culture. In addition, to quote the author, Freud is 'not a mere celebrity but one of those who are not born in every century'.

Dr. Sachs states at the outset that he is not engaged in research either on a 'study' of Freud or of his works. 'One day', he writes, 'I looked around and became aware that of those who had formed his intimate circle of disciples and had the opportunity to live for many years near enough to his place of residence for permanent personal contact, there were few survivors. I saw my responsibility and accepted it.' He makes no attempt to defend or to 'beautify and whitewash' his subject, or 'idol'.

'Psychoanalysis was the main interest in Freud's life. The magnetic needle of his nature pointed toward this pole and never wavered from it' (p. 69). It could not have been otherwise for one individual unassisted to have produced a fully developed science of human psychology, psychological development, human motivation, and psychopathology, so complete and complex that very few trained psychoanalysts comprehend fully its literal significance as recorded by Freud, much less its implications for future development. Everything about Freud—his habits, associations, family life, all revolved around his work which took first place in his life.

In these pages the personality of Freud—austere and of heroic proportions—emerges complete with intimate details of his methods and habits of work, his estimate of himself, his preferences and dislikes, his associations with his family, pupils and friends. There are revealing glimpses of the circumstances leading to the rejection of psychoanalysis by Adler and Rank, anecdotes, and accounts of conversations between Freud and the author. Of Freud's 'heavy load of dreary impressions which for all time distorted his picture of America', years later he said to Sachs: 'America is the most grandiose experiment the world has seen, but, I am afraid, it is not going to be a success'; a commentary which may be appraised

as pompously pedantic or ominously prophetic depending upon the age, prejudices and sociopolitical maturity of the reader. The last pages tell the story of the illness that led to his death, of the outrageous treatment of his family by the gestapo following the Nazi invasion of Vienna (to which Freud reacted with amazing detachment), and of his exile in England.

No review of this book can communicate its wealth of biographical detail or the charm of the author's prose.

R. G.

DAVID EDER. MEMOIRS OF A MODERN PIONEER. Edited by J. B. Hobman. Foreword by Sigmund Freud. Special Contributions by Edward Glover, Leonard Stein, Harry Roberts, and Sir Wyndham Deedes. London: Victor Gollancz Ltd., 1945. 215 pp.

All psychoanalysts know Eder's contributions to their science, but it is doubtful whether they know what a dynamic influence Eder was. It is therefore instructive to learn from this series of essays how actively Eder furthered the causes in which he believed. He was a Socialist who powerfully influenced legislation, he was a dispensary worker who provided a model for children's clinics, he was a Zionist who scouted for a promised land in Africa and who went to Palestine after the First World War to help found the Zionist state. He was a man of literary culture who argued psychoanalysis with D. H. Lawrence. And as an analyst, he aggressively carried the battle to the conservative British psychologists and physicians. His early adventures during a revolution in South America and his walk over the Andes supply an O. Henry touch. Glover's essay, which assesses Eder's analytic career, incidentally contains a philosophical and entertaining discussion on how to write a psychoanalytic biography.

B. D. L.

EXPERIMENTAL BASIS FOR NEUROTIC BEHAVIOR. Origin and Development of Artificially Produced Disturbances of Behavior in Dogs. By W. Horsley Gantt, M.D. New York: Paul B. Hoeber, Inc., 1944. 211 pp.

This book should be studied, not merely read, duly to appreciate the overwhelming possibilities for psychological research it opens

by a combination of physiological and psychological observation of induced 'nervous' disturbances in animals. Gantt avoids the extreme mechanistic approach of the reflexologist, the metapsychological speculations of the psychoanalyst, the interindividual point of view of the sociologist, aware that the time has not yet arrived to integrate the findings of these different approaches. He also abstains from devising a premature theoretical system of his own, confining himself to cautious explanations of directly observed mechanisms. He publishes, moreover, in his last chapter the interpretations of representatives of three modern concepts of psychopathology to whom he gave the opportunity to study his material: N. E. Ischlondsky (reflexologist of the Pavlovian school), Leon Saul (psychoanalyst), and Alexander Leighton (social anthropologist).

The author recognizes that a study of neurotic disturbances requires a close and long study of individuals rather than a statistical evaluation of a large number of cases. The latter method may be more desirable to rule out individual variations. The book is based on observations of three dogs subjected to similar conflict—creating procedures which brings them to a point where they are unable to discriminate between two very similar stimuli. This leads to a disorganization of the dogs' behavior towards the pathogenic environment including the experimenters. These symptoms are first described in detailed life histories in diary form, covering seven years of the most 'stable' dog, Fritz, five years of the temporarily disturbed dog, Peter, and twelve years of the permanently disturbed dog, Nick, followed by discussions of the symptoms observed, including changes in pulse rate, breathing and sexual behavior. The author instituted therapeutic measures which he discusses in detail, and he evaluates functional types of dogs which he determines by the careful measurements of a dog's reactions to controlled stresses.

It is interesting that the close study of individuals arouses in a reflexologist an interest in the hereditary qualities of a type by which he hopes to explain the differences of behavior of different individuals under similar conditions. The psychoanalyst's minute studies of individuals has not yet led him to the postulation of hereditary types because he is not satisfied that he has exhausted all the possibilities of explaining behavior by the intensive investigation of individual experiences of his much more complicated subjects.

The fact that *very* early experiences of infants have recently been found to be of great importance in determining human behavior makes one wonder whether all these possibilities are exhausted by the reflexologist. Dogs mature much more quickly than human beings. Their earliest experiences therefore should be still more important varying factors. In the life histories of Gantt's three dogs, Fritz was about five years old when brought to the laboratory (he proved to be the most 'stable' dog), Peter was three years old, and Nick (the most 'neurotic' one) two years old. Not only may an older dog be more stable than a younger one when confronted with the difficult and abnormal stresses of experimentation, but how he was treated before should make a great difference. It should be known whether he had kind or harsh masters, how he was housebroken, etc. Only a close study of quite a number of different dogs of different breeds from birth under closely similar conditions could be relied upon as giving more reliable clues about hereditary characteristics.

From the interpretation of the three differently trained commentators one can see that only the reflexologist (Ischlondsky) has the conceptual means of dealing with the material presented. His contribution is scant. He introduces the concept of indirect signalization (through the intermediary of irradiation or induction). This must remain merely descriptive and cannot be explanatory because no one knows the character of irradiation and induction, of excitatory and inhibitory processes, and the laws which define under what circumstances either of them takes place.

The two other observers have much more to say, but both are unequipped to elucidate the deep seated interrelationships between the different sensory and effector functions. The psychoanalyst (Saul) confines his interpretations to the emotional level of functioning which is a higher one functionally than the sensory level. The socioanthropologist (Leighton) remains on an intellectual plane, deducing from a hypothetical—and teleological—'urge to live' a higher need for security in society which may become associated with the fixed attitudes of an individual which under changed conditions may lead him to behavior which is against his own biological or social interests. Neither of these explanations penetrates to the core of nervous disturbances in animals which is a consequence of disturbances of perceptive orientation. Such distress on the sensual (perceptive) level seems to be of far

greater intensity than distress on the emotional level (ambivalence, conflict between conscience and desire, etc.), or on the intellectual level (doubt, confusion), probably because of the more primitive and fundamental nature of perceptive orientation involved.

These three approaches to psychopathology are still too far apart to permit a cohesive synthesis of the factual material. The conclusions drawn by Saul and Leighton are interesting and give hope for further rapprochement, but they are merely parallels and do not explain the reactions of the disturbed animals. An explanation of these reactions would lead to a fuller understanding of the pathology of feelings and judgment. For this reason the study of artificially induced psychic disturbances in animals is required reading for every psychopathologist, especially when presented in such an unbiased, open-minded way as are Gantt's experiments.

CARL M. HEROLD (NEW YORK)

MEN UNDER STRESS. By Roy R. Grinker, Lt. Colonel, M.C., A.A.F., and John P. Spiegel, Major, M.C., A.A.F. Philadelphia: The Blakiston Co., 1945. 484 pp.

This is a moving record of the effort to bring therapy to large numbers of men under the acute pressures of war. Furthermore, its pages contain comments and observations which are important for every aspect of military medicine. One may hope that it will be studied closely by all who will be responsible for the organization of our military establishments in the future.

In one sense the book is an excellent semi-technical report to lay and medical colleagues on the dramatic experiences of aviation psychiatry. It is also directed to young flight surgeons and air-force psychiatrists, for whom it will be a practical handbook and an invaluable intellectual and emotional stimulus. In contrast with most of what is written in this field, it is unsparingly honest about the rôle of all libidinal forces, including homosexual loves and hates in the production of mental illnesses. At the same time it serves a collateral purpose of great importance: it is a challenge to our peacetime ways of thinking about psychopathology and particularly about the processes of psychotherapy, both analytic and otherwise, capable of shaking us out of accustomed and complacent ruts. There will be something wrong with the psychiatrist and analyst who, after reading this book, does not unsparingly reëxamine his own concepts and his own techniques.

The book is unsatisfying mainly in its lack of internal conceptual clarity and consistency; and because of this serious deficiency it fails to make a significant contribution to our understanding of combat stress, vulnerability, breakdown, and the theory of therapy. Its contributions to the practical techniques of therapy are nonetheless stimulating and will be discussed briefly further on.

It is only fair to the authors to point out that they do not seem to be content with their own theoretical formulations. They manifest this dissatisfaction by repeated attempts to reformulate the factors which determine vulnerability and the processes of breakdown, of therapy and of spontaneous or guided recovery. Sometimes these reformulations are similar, sometimes they carry widely varied or even opposed implications. Although to compare these repeated formulations would throw light on much that is unsatisfactory in all current theories of dynamic psychopathology, it would carry us far beyond the limits of a review. Therefore we will restrict ourselves to pointing out the major sources of terminological and conceptual confusion.

In the first place the distinctions between conscious and unconscious processes and between description and explanation are not kept clear. Overt clinical symptoms, latent symptomatic trends (such as dependency or unconscious hostility), and concepts which stand for hypothetical underlying dynamic forces are used together as though all three orders of phenomena could be observed with equally direct immediacy. This leads to many linguistic and logical difficulties. The same word is used sometimes for basic psychological forces, sometimes for unconscious symptom-formations, sometimes for overt clinical manifestations. This is true of such words as 'ego', 'regression', 'identification', and 'anxiety', all of which are cornerstones in the theoretical structure, and lose much of their value because they are used in these confusing multiple senses. No effort to formulate a psychopathology can be successful unless a clear differentiation is maintained between descriptive and dynamic concepts, and also between those descriptive concepts which refer to manifest and those which refer to latent trends. For lack of such clarity, in this work both the clinical descriptions and the explanatory formulations will trouble critical readers; and many valid clinical observations are obscured by this conceptual and terminological confusion.

The second major source of dissatisfaction is the fact that the

authors' theoretical formulations depend exclusively on hypothetical quantitative variables: quantities of anxiety, of stimuli, of aggression, of hostility, etc. Such phrases as 'great quantities of aggression overpowering the ego' are frequent. There is even a reference to 'quantity of dissociation' (p. 366). Anxiety is viewed as varying only in quantities (pp. 440 and 441, and in many other places). This in turn is related to the authors' use of the concept of an 'ego'. Their 'ego' is something which lies somewhere between the colloquial or lay use of the term and its technical psychoanalytic use. By it they seem to mean a force or constellation of forces which varies only in something which they call 'strength'—at best a muscular metaphor. Thus the 'ego' is described as using up its 'strength' in various ways, i.e., by overcoming anxiety, facing anxiety, burying anxiety, exhibiting aggressiveness, suppressing aggressiveness, etc. Thereby it becomes 'weakened' or 'impoverished', 'succumbs', becomes 'passive-dependent', 'regresses', is 'crippled', etc. Such figurative metaphors and similes are used over and over as though they were literally meaningful explanatory concepts. It is precisely here that the effort to explain the phenomena of combat neurosis seems never to go beyond metaphorical descriptions couched in quasi-scientific language.

Actually, one suspects that this dependence on quantitative variables does an injustice to views of the authors which remain unexpressed. Many passing words and parenthetical phrases suggest that they are by no means unaware of the significance of qualitative, symbolic, and phobic variables. For instance there can be no better abstract formulation of the war neurosis than that which is put forward on page 354: 'war neuroses are reactions of persons ripe to respond in an individual manner to a particularly *meaningful*¹ stress'. The deliberate inclusion of the word 'meaningful' indicates an understanding of theoretical concepts which remain unused throughout the volume. It seems reasonably certain therefore that these theoretical formulations suffer from an effort to simplify for the sake of the nontechnical reader, and perhaps for the watchful eye of sceptical military authority.

One wishes that the authors had brought to their theoretical formulations the clarity of their practical therapeutic attack on the problems. Recognizing the rôle of scattered islands of repression in the manifestations of combat neurosis, they went directly

¹ Italics mine.

at the task of filling in these gaps. Under pentothal they induced an emotionally supercharged and at the same time somnambulistic reliving of the *total* experience. Furthermore, wherever this became necessary they did not hesitate to correlate the battle experience with those early familial and situational stresses to which it was psychologically related. The great virtue of this work is their recognition of the fact that the reality of combat expresses man's deepest individual struggles with love and hate as truly as does the nightmare that he dreamed in childhood. It is a child's nightmare come true. A judicious utilization of this basic fact is the key to their therapy.

It is of considerable interest therefore that the deficiencies in their theoretical formulations seem to have made so little difference in their practical accomplishments. This accentuates the wide gap which seems to exist between clinical values and theoretical concepts in our field. For all of us it is a sobering thought that so much can be achieved in spite of theoretical obscurity. As pragmatic scientists this should make us more sceptical of the pragmatic value of our theoretical structures, than critical of those verbal and conceptual inconsistencies or lapses in logic which may be found in all writings on psychopathology.

LAWRENCE S. KUBIE (NEW YORK)

THE SEXUAL CYCLE IN WOMEN. The Relation Between Ovarian Function and Psychodynamic Processes. By Therese Benedek, M.D., and Boris B. Rubenstein, M.D. Psychosomatic Medicine Monographs Volume III, Nos. I and II. Published with the sponsorship of the Committee on Problems of Neurotic Behavior, Division of Anthropology and Psychology, National Research Council, Washington, D. C., 1942. 307 pp.

The investigation presented in this monograph was a research project of the Chicago Institute for Psychoanalysis. Histological and psychological studies were combined in an effort to correlate endocrine function and psychodynamic processes. The investigators, working independently, studied the vaginal smears and basal body temperatures, and made simultaneous psychoanalytic observations on the emotional life of fifteen women of child bearing age. The findings were then compared. One hundred and fifty-two menstrual cycles were observed, embracing 2,261 days of observation.

The authors found that the sexual cycle is a 'psychosomatic unit'. Heterosexual interests (centrifugal psychodynamic tendencies) are related to estrogen production, while the drives corresponding to the progesterone phase of the cycle show passive and receptive features (centripetal psychodynamic tendencies).

A chapter is devoted to a critical evaluation of both methods—the vaginal smear technique and psychoanalysis—as instruments of biological research. The authors demonstrate the exactness with which the psychic apparatus reflects changes of gonad hormone production—correct predictions of gonad hormone production, based upon psychoanalytic observations, were made in 2,128 of the 2,261 days of observation—and conclude that their observations show a simple and direct relationship between ovarian cycle and behavior. The psychological changes precede changes in the vaginal mucosa; the psychic apparatus reacts first and the mucosa later. The authors do not conclude, however, that hormone change or even the change of sexual energy is responsible for all psychic tension. Constitution determines the fundamental basic attributes of the individual which are present before sexual function matures and which persist after the decline of hormone regulation.

Further investigation may disclose the intricacies of the interrelation between psychosexual development and those endocrine factors which precede and control ovarian function. Whether the patient whose sexual inhibition disappears as a result of psychological treatment will produce more gonad hormones than previously cannot be answered at present. This as well as the investigation of other symptoms related to hormone production are problems that must remain for this new psychosomatic technique. Concerning the even more intriguing problem of whether this kind of an investigation can be used for the purpose of combining hormone therapy with psychoanalysis, the authors properly caution as follows:

'We studied only how the individual reacts to her own hormones. It is not improbable that microscopic study of psychodynamic reactions to hormones might clarify indications for hormone therapy. But it is evident that the psychosomatic reactions to hormones are so complex that we should caution against medication with hormones rather than encourage it. There must be precise indication, which necessarily includes an understanding of the psychodynamic reactions of the patient to her own hormones. . . .'

This investigation is the first in which daily material obtained by psychoanalytic technique is correlated with the result of endocrinological assays. The authors are to be congratulated for a painstaking study representing the careful coördination of two methods which, despite the differences in their fields of observation, has provided a new tool for biological research. The monograph is a noteworthy contribution in the rapidly developing field of psychosomatic medicine.

EDWARD WEISS (PHILADELPHIA)

SYMPTOMS OF VISCERAL DISEASE. By Francis Marion Pottenger, M.D.
Sixth Edition. St. Louis: The C. V. Mosby Co., 1944. 442 pp.

In the new preface to the sixth edition of this book—first published in 1919—Pottenger added a paragraph stating that ‘an attempt has been made in this book to show that man is a unit, acted upon by many forces—some psychical, some physiologic, some pathologic’. There are scattered statements confirming this attempt such as: ‘every function in life has a psychic bearing’, and ‘emotional and psychic stimuli influence cellular action, and that this received far too little attention in the study of pathologic-physiologic states’. This had a very important bearing in his study of reflexes because reflexes can be both discharged and modified by stimuli of psychic origin. He expresses the opinion that there exists no marked physical or psychic stimulus which confines its action to the system in which it arises and that some psychic stimuli show a preference for the sympathetic and others for the parasympathetic divisions of the vegetative system. It is not clear what the author means by ‘major emotions’ which he asserts are expressed through the sympathetic system by way of the centers in the diencephalon.

There is a short paragraph of general considerations on the subject of changes of body control by psychic activity: ‘As a reflex is the basis of physical action, the idea is the basis of psychic action and as normal function on the part of the nervous system is essential to the physical equilibrium, so are normal trends of thought necessary to a mental or psychical equilibrium. . . . It is rare to see one with a disturbed psychic equilibrium who does not have some disturbed physiologic functions. Wrong trends of thought, if persisted in, are usually followed by pathologic change in physiologic action. On the other hand, chronic patho-

logic organic conditions result in prolonged, harmful stimulation of nerve cells which produce in them a condition of fatigue and irritability which leads to more or less general disturbance in body function.'

No application can be found in the book of the author's psychological point of view to specific visceral diseases nor any recognition of present day psychosomatic concepts as they apply to those diseases which he expressly discusses, such as urticaria, eczema, asthma, constipation, spasms of the various sphincters, peptic ulcer and mucous colitis.

Throughout the book there is but one reference (Jelliffe) to the whole literature of psychosomatic medicine. Although the new edition appeared in 1944, the bibliography goes no further than 1937.

FELIX DEUTSCH (BOSTON)

WAR, CRIME AND THE COVENANT. By Géza Róheim, Ph.D., with an introduction by A. A. Brill, M.D. *Journal of Clinical Psychopathology Monograph Series No. I.* Monticello, N. Y.: Medical Journal Press, 1945. 160 pp.

Róheim reviews the significance of the œdipus situation in the structure of societies. Society is based upon identification. In a review of ceremonial covenants in various societies, it is demonstrated that some form of restoration of the original 'dual-unity' of mother and child is achieved. Despite the relationship of social bond to original biological bond between mother and child, Róheim feels the anthropological evidence to be conclusive that paternal introjection, or 'superego proper', is the basis of human society.

In warfare among primitive tribes, evidence is cited to demonstrate the warrior's identification with his victim which threatens him with a fate not unlike that of his vanquished enemy, and the necessity for the projection of aggression outside the group. This projection serves to strengthen the threatened unity of the warring group (as in our recent history).

The phallic significance of war is emphasized in a description and interpretation of mythical versions of the blood feud. Here the libidinization of aggression is viewed as 'an attempt to counterbalance or temper pure destrudo'. The author then jumps to an analogical explanation of the origin of exogamy as dependent upon

the necessity to project aggressions beyond the 'frontiers' of the group. 'But libido follows in the wake of aggression, therefore marriage should be with the out-group' (p. 47).

Róheim's psychoanalytical descriptions and interpretations of conflict between individuals and between societies are penetrating, well founded in psychoanalytical theory, and in great measure can be accepted by students of psychology. The student of society, however, will find it very difficult to digest a statement such as: 'Thus the fundamental structure of society seems to me an attempt to attain a manic phase by inducing a melancholia in others, only however to succumb to the same melancholia when the manic phase has been achieved' (p. 103). The author's attempt to elaborate an understandable psychological mechanism, which one sees operating in the postwar world, into an 'explanation' of the structure of society is an oversimplification, an application to the study of society of concepts and method fruitful in the study of the individual in relation to his environment, but not adequate as an approach to an understanding of social forces and societies.

The student of psychoanalysis and of human relations can read this book with interest and profit. Its limitations and perhaps its merits derive from a strict adherence to the far-reaching implications of the *cedipus* situation in human affairs.

The book is poorly edited and the format leaves much to be desired.

GEORGE J. MOHR (CHICAGO)

NAVAHO WITCHCRAFT. By Clyde Kluckhohn. Cambridge: Peabody Museum of American Archeology and Ethnology, Harvard University, 1944. 149 pp.

This volume is the result of many years of excellent field work. It is an outstanding contribution both to the understanding of magic and to the psychology of the Navaho. However, it does not contain what the title would lead us to expect. It is not about witches but about various forms of evil magic. For me, at least, the word witches definitely means *female evil magic*, and I think it should be used by anthropologists in accordance with its original meaning.

Four types of magic are distinguished by the author: Witchery, Sorcery, Wizardry, and Frenzy Witchcraft.

'The classic "Witchery Way" technique is that mentioned in the

emergence legend. A preparation is made of the flesh of corpses. The flesh of children and especially of twin children is preferred, and the bones at the back of the head and skin whorls are the prized ingredients' (p. 15). This 'corpse poison' may be given to someone in a cigarette, placed in the nose or mouth of a sleeping victim, or blown into someone's face.

'Witches are associated with death and the dead. They are likewise closely associated with incest. Suspicion of incest means by that very fact suspicion of Witch activity and vice versa' (p. 15).

Male witches are more numerous than female. Women can be witches only if they are old and, according to some informants, only if childless. Killing a near relative is part of the initiation into witchcraft and this near relative is usually a sibling. There is also a belief in the witches' Sabbath when new witches are initiated. They make paintings of the intended victim upon which they spit, defæcate and urinate. They have intercourse with dead women and practice cannibalism (p. 16). There is a tendency to confuse them with ghosts.

Sorcery is what we usually call 'contagious magic'.¹ The sorcerer must obtain a bit of the victim's clothing, hair, nails, fæces, urine, or body dirt. This is buried in a grave or under a lightning-struck tree. Then a spell is recited to make the victim die. Saying 'good prayers' backwards is sometimes mentioned as a technique² (p. 18). Instead of into a grave the offal may also be put into the belly of a horned toad. This seems to be a specific against a pregnant woman and her unborn child. Kluckhohn observes in a footnote: 'One informant associated this practice with witchery' (p. 18).

Wizardry, popularly called 'beanshooting' by the Navahos, is the projection into the victim of objects that cause disease and is said to have been recently introduced by the Mexicans or the Pueblo Indians (p. 20). Finally, 'Frenzy Witchcraft' is essentially love magic or any magic that induces a reckless type of behavior (p. 21).

¹ Frazer, J. G.: *The Magic Art*. 1911. I, pp. 174-214.

² Cf. Henderson, William: *Folklore of the Northern Counties*. London, 1879, p. 32. Soldan, W. G. and Heppe, H.: *Geschichte der Hexenprozesse*. Munich: Georg Müller, 1911. II, p. 338. Wuttke, A.: *Der deutsche Volksaberglaube*. Berlin: Wiegandt and Grieben, 1900. Crooke, W.: *The Popular Religion and Folklore of Northern India*. Westminster: A. Constable, 1896. II, p. 276. Tawney, C. H.: *The Katha Sarit Sagara*. Calcutta: J. W. Thomas, 1884. II, p. 221.

After an interesting discussion of manifest and latent function in the individual and the group, the latent function of witchcraft is defined as 'aggression release' (p. 54). 'By identifying with the witch-aggressor, dispositions toward cruelty may be discharged. By attributing to others the aggressive impulses which the individual himself feels, some relief may be obtained from guilt feelings' (p. 57).

Furthermore, Kluckhohn also finds the infancy situation as the traumatic background of these projections. 'The Navaho baby receives a maximum of gratification. But when a new sibling is born all of these changes end rather abruptly. It is hardly surprising that hostile impulses should be generated against the displacing rival.' In a footnote: 'It should be remembered that three signally important events are often approximately coincidental: birth of a sibling, "loss" of a mother, learning that faeces and urine must be concealed. That the birth of a new sibling is even anticipated by the nursing child as a trauma is shown by the statement of Hill's informants. "A child before its mother gives birth to a second child will act childish and cry all the time"' (p. 58). Another distinctive feature of witchcraft is that it is connected with wealth and envy: 'He's a witch. That is why he has lots of sheep, horses and cattle and beads of all kinds and all kinds of skins. He had everything and by that everyone knew him and was afraid of him' (p. 69).

It is difficult to do justice to this book in a review. It is exceedingly stimulating. One feels tempted to make comments and draw parallels, and also to contradict certain points of view expressed by the author in another publication on the basis of his own data.³ Leaving all this perforce aside, I do wish to point out that the type of aggression embodied in the witchcraft beliefs is: (a) not simply aggression but oral aggression; and (b) that the fantasy system underlying the whole concatenation of beliefs is that of the body destruction fantasy (Melanie Klein and her school). One of the well-known cures against witchcraft is to remove the disease-causing agency by *sucking*. Navaho doctors recently started sucking

³ Cf. Kluckhohn, Clyde: The Influence of Psychiatry on Anthropology in America During the Past One Hundred Years. In *One Hundred Years of American Psychiatry*. New York: Columbia University Press, 1944, p. 615.

out objects. Formerly they just sucked out blood. These doctors became so numerous that they called themselves witches and offered to bewitch people in different ways (p. 123). Here we have definite, although secondary, identification of the 'sucker' and the witch.⁴ Both are identical with the infant at the mother's breast. Obviously this is implied in what the author writes regarding sibling rivalry and weaning. Numerous oral methods of witchcraft can be found in the book besides the cannibalistic habits of witches.

The sudden weaning at the birth of a sibling occurs in many other cultures, but the coexistence of this trauma with regulations regarding the fæces and urine seems to be specifically Navaho. It may be partly responsible for the 'wealth' complex of the witches (hoarded excrement). Apart from this, however, there is another consideration. In my analytic case material I have often found that fantasies about fæces as children are an alternative to body destruction fantasies in the sibling rivalry situation. A child will either want to attack his mother's body or identify with mother and give birth to fantasied fæces children. We are not told what happens regarding the excreta when the sibling is born and therefore we must be content with merely suggesting the possibility that the coexistence of these traumata may have something to do with the witch complex (as the author himself remarks) and finally with the body destruction fantasy. As far as my analytic experience goes, sibling rivalry is never present without this fantasy. In fact the author observes that the crying of the infant starts when the sibling rival is still in his mother's womb. It is evident that the mother's body is symbolized in this connection by the grave and the corpse. 'When the witch people get there, they tear the grave up and bring the body out and pull their clothes off. They start cutting just little pieces of meat, just certain places only. Beginning from the crown of the head, then the end of the nose, then every place where there is a spiral—especially the thumb and finger whorls (the spirit is believed to escape from the body at death through the cutaneous whorls), right up to both feet and then even the end of a man's penis and a woman's vagina' (p. 77).

This it would seem to me is the psychological distinction between

⁴ Róheim, Géza: *The Origin and Function of Culture*. New York: Nervous and Mental Disease Monographs, 1943, p. 50.

witchery and sorcery. Whereas the latter is sympathetic magic,⁵ witchcraft in the Navaho sense is body destruction. I quoted Kluckhohn above on the one informant who associated the magic directed against a pregnant woman and her unborn child with witchcraft rather than with sorcery. That informant was right. It may be opening a toad or a grave but it all means the same thing, viz., the mother's body.

Perhaps this will answer Kluckhohn's statement that there is no evidence 'for Róheim's contention that witches are representatives of the "bad mother" image, the talion aspect of the child's body destruction fantasy' (p. 40). But I would like to observe in this connection that in the paper quoted by Kluckhohn⁶ I was discussing European witches and not Navaho (I would never call these witches in the first place). Applied to the Navaho the thesis would be different. It is the talion aspect of the child's body destruction fantasy, but identified rather with the male sibling than with the mother, i.e., it is the *other* sibling who wishes to tear the unborn child out of the mother's womb.

GÉZA RÓHEIM (NEW YORK)

MAN'S MOST DANGEROUS MYTH: THE FALLACY OF RACE. By M. F. Ashley Montagu. Second Edition. New York: Columbia University Press, 1945. 304 pp.

Montagu reviews thoroughly the myths and rationalizations that cluster about the word 'race'. Reviewing data of anthropology, anatomy, physiology, genetics, and psychology, he concludes that except for very broad divisions of mankind, the idea of race is only an approximation, and in no sense combinable with valuations, such as superior and inferior, good and bad, civilizable and obligatorily primitive. Most of what is put forth about 'races' is tendentious, and a rationalization for distinctions of caste, to further the interests of a social, economic, or political group. This contention is amply buttressed by Montagu's consideration of the American negro and of the Jew.

⁵ Cf. Bergler, Edmund: *Ferenczi's Stages in the Development of the Sense of Reality*. *Psa. Rev.*, XXXII, 1945, p. 140, quoting my explanation of sympathetic magic.

⁶ Róheim, Géza: *Magic and Theft in European Folklore*. *J. of Criminal Psychopathology*, II, 1940.

It is no disparagement of Montagu's comprehensive and critical survey to say that it too is intended to serve a purpose. This purpose is one regardless of scientific fact; namely, the bolstering of the democratic dogma—which many years ago decreed that all men are equal.

B. D. L.

'YOUNG MAN, YOU ARE NORMAL'. By Earnest Hooton. New York: G. P. Putnam's Sons, 1945. 210 pp.

This is the story of the Grant Study Staff, maintained by funds allotted from the Grant Foundation (supported by W. T. Grant, 'a great merchant') to Harvard University. From the fetching title you will have guessed correctly that the professors are going to resolve that perplexing question: what is a normal young man? You have in all probability been bumbling along assuming there is no such thing. We hate to give it away, but that is just what the professors prove. The subjects of the Grant study are Harvard students, not the common truck of Harvard students, but especially selected Grant Study boys, or (so help me) 'Grantees'. Properly subsidized, a Grant Study accumulates an impressive volume of percentages and statistics that should be very gratifying to Mr. W. T. Grant. But not all Grant Studies and Grantees have the inestimable advantage of being presented to the public by Professor Earnest Hooton, whose erudition and irrepressible humor are familiar to all those who have read his *Apes, Men and Morons*. With a bright, breezy, and sometimes irreverent prose style, he is the life of the seminar. His feet are always squarely on the ground, often, indeed, scarcely distinguishable from it. 'There can hardly be any doubt', he says, 'of the essentially theoretical rather than empirical approach to problems of personality as utilized by psychoanalysis'. Professor Hooton should remember that psychoanalysis never had the advantage of a Grant Study Staff with the opportunity to study a group of Grantalysands for six years. What psychoanalyst can tell you that 'vital affect boys come from wealthy families in 51 per cent of cases (by far the highest), but sensitive affect boys have this comfortable background in only 27 per cent of cases, and bland affect boys in only 24 per cent of cases'? This is good empirical stuff! 'Your carcass', says the Professor, 'is the clue to your character that must be read, marked, learned, and inwardly digested. . . . If we wish to study the whole man we must begin with his

physique, because it is more clearly related to his temperament and to his behavior than any other factor or factors we can easily isolate. . . .' In case you did not know, Earnest Hooton is professor of social anthropology at Harvard. His plan for mass production of dominant ectomorph, vital affect Grantees in the higher income brackets goes right smack back to the germ plasm: natural selection, human genetics, a science of human heredity—all of which dates the Professor *circa* 1860.

R. G.

THE ATTENDANT'S GUIDE. By Edith M. Stern in collaboration with Mary E. Corcoran, R.N. New York: The Commonwealth Fund, 1945. 104 pp.

This little book fills a long felt need. The attendant in the mental hospital spends more time with the patient than the physician, the nurse, or any other member of the hospital's recognized therapeutic staff, yet few hospitals have made any special effort to give the attendant an awareness of the help he can give to patients by understanding their needs and handling them wisely.

The Attendant's Guide does this very thing. It dignifies the work of the attendant, points out the satisfactions of the job and shows that by giving due consideration to the patient's interests and welfare, the attendant's work can be most easily carried out. The book is divided into three parts.

Part I orients the attendant to the setting of the mental hospital in order to offset the natural anxiety he may feel about working with people who say such strange things and behave in such a peculiar way. Practical suggestions are given as to how to handle these ideas of the patient in such a way as to show him due respect and yet not intensify his bizarre thinking. Ward duties are outlined and general suggestions are given as to the best way to accomplish what is to be done.

In Part II there is a discussion of various types of patients—not according to diagnosis, but according to the way their illness affects them and what the attendant can do for them. This is written with sympathetic understanding both of the patients and the problems presented by the manifestations of their illness.

In Part III the future of the job is discussed in a realistic way, showing the value of such an experience in handling people, but stating that as an attendant future satisfactions will be found in

developing proper recognition of the attendant's place in the medical ranks rather than in the pay envelope.

The book is written in simple, concise language. It is written with appreciation and understanding and, above all, it gives simple practical advice as to how things should be done. It should do much to keep the therapeutic intent of hospitalization foremost in the minds of those who care for the patients most continuously.

Mrs. Stern, a well-known writer in the field of mental health, in preparing this Guide interviewed attendants with long experience in mental hospital work in addition to securing advice and help from psychiatrists recognized both in the field of mental hospital administration and in the practice of psychiatry. Advice on specific problems was secured from outstanding authorities in various fields.

Mental hospitals would do well to issue a copy of this Guide to every attendant. Physicians, nurses, occupational therapy workers and social workers coming to the hospital to work for the first time should read this little volume as a part of their hospital orientation.

HESTER B. CRUTCHER (ALBANY)

PATIENTS HAVE FAMILIES. By Henry B. Richardson, M.D. New York: The Commonwealth Fund, 1945. 408 pp.

With the growth of the psychosomatic movement, interest in the relationship between disease and personality increases, yet emphasis is probably still focused too much on the individual while tending to exclude his emotional and physical environment. Too often overlooked is the fact that the many complex factors in day to day living which mold and influence the individual personality likewise contribute to the medical picture. Richardson finds in the unit of the family the lowest common denominator for the inclusive picture necessary to understand fully the relationship between disease and personality. A patient's family is 'the unit of illness, because it is the unit of living'; and illness in an individual relates to the total group as the symptom relates to the disease. In the family are the roots of the emotional as well as the socioeconomic and cultural patterns; in it are the antecedents of the psychological factors pertinent to illness. Richardson bases his book on a concept of 'family equilibrium' in which the individual members, like organs of the body, maintain a state of balance. Illness can disrupt

this balance or is an inherent dynamic factor in it. Therefore an awareness of the family, its strengths and weaknesses, its rigidity or flexibility, its relation to social, cultural, and economic pressures, as well as the personality patterns and interrelationships of its members, is vital to the understanding and treatment of illness.

Such a fundamental and comprehensive approach, though in many ways familiar to the rural family practitioner, is usually lost in the complex and highly specialized modern hospital. In *Patients Have Families*, Richardson demonstrates with specific cases how highly effective this approach can be, and further that it is possible, by fully coördinating existing facilities and resources, to retain the advantages of specialization and to use them to reestablish the modern equivalent of the traditional family physician. Toward this end he sees considerable room for integration within hospitals and among doctors themselves through more frequent medical conferences, fuller use of staff psychiatrists and of the social service department, more complete family records with cross references, and a freer communication system within the hospital, with other hospitals, and with social agencies. Closer coöperation with the psychiatrist with his special knowledge and skills gives a clearer estimate of the individual in his relation to the family, often clarifies the obscure diagnosis, and contributes to the treatment plan. The family case worker, with her understanding of the community and its resources, and her awareness of family problems and how they affect the individual, contributes to the total picture and can help to ease family pressures which affect illness. The medical social worker can assist in the adjustment of the medical treatment to the conditions of the home. The public health nurse in the home teaches healthy living and helps maintain it.

Physicians, with their continued tendency to make of disease an ideal in the Platonic sense, as Richardson says, with an existence of its own, tend to remain to a considerable extent oblivious of the wealth of available information from community sources pertinent to the medical picture. Countering the protest that physicians have no time for such extensive work, Richardson states that 'Once the doctor gets into the habit of thinking about the family, he inevitably becomes clearer in his concept of illness even in the individual'. Ultimately this broad perspective offers a saving of time and effort, strengthens the physician's position in relation to

his patient and to the community, sharpens his skills, and can be a real contribution to preventive medicine.

The book is based on Richardson's own astute observations and on his experience as director of an extensive study aided by a grant from the Josiah Macy Jr. Foundation, and conducted coöperatively by the faculties of public health, medicine, and psychiatry of Cornell University Medical College, the New York Hospital, its social service department, and the family service and department of educational nursing of the Community Service Society of New York.

LE ROY M. A. MAEDER (PHILADELPHIA)

THE HANDBOOK OF INDUSTRIAL PSYCHOLOGY. By May Smith. New York: Philosophical Library, 1944. 304 pp.

Dr. May Smith presents this book as an introduction to psychology from the industrial standpoint; it is written 'for those who are in some way responsible for others, or who have to get on with others'. With great scientific consciousness and yet without heavy technical and scientific language, the author covers the most important topics of contemporary industrial psychology. After a short historical survey of the pioneer work in this field, Dr. Smith studies successively the general environmental conditions affecting workers in industry: conditions 'outside the body', as lighting, temperature, ventilation, noise, hours in the workshop; and conditions more immediately 'immaterial', as the group, the mental atmosphere, the authority, the individual differences in the temperament of workers; and the related topics of selection, guidance, personality make-up, etc. Thus a vast field is surveyed and in these three hundred pages the reader interested in industrial psychology may find a wealth of helpful considerations, suggestions, and answers concerning the different problems created by men working in industry. However, since it is written 'for those who are responsible for others and who have to get on with others', more emphasis should have been given to the general psychology of the working man, the psychology of prestige and authority, and the social aims of man. Industry is one of the instruments with which society functions and lives. Industrial psychology should not be centered around what man can bring to industry to increase its output and insure its development and

successful achievement; rather it should be studied with its main focus on what industry can bring to man in order that his psychological welfare may be assured and his human development helped. There is no psychology of a machine, but the individual worker and the individual head of an industry, with their human problems and their social relationships, present psychological problems which are much deeper than their physiological or temperamental reactions to this and that condition of industrial work, and more important than their general aptitudes to this or that type of task. This lack of emphasis on what seems the more central aspect of industrial psychology constitutes a weakness in Dr. Smith's Handbook. However, in bringing together in an easily accessible form the most recent research work in the field of industrial psychology, the author has accomplished a very useful and praiseworthy task. The book is well written, and though there is no index at the end, it is not too difficult to find the different topics that are discussed.

AUSTIN DES LAURIERS (NEW YORK)

ABSTRACTS

Work and the Instincts. Barbara Lantos. *Int. J. Ps.*, XXIV, 1943, pp. 114-119. Human activities are determined either directly by a tendency toward pleasure, or indirectly by the interests of self-preservation, which develop the reality principle, e.g., the faculty of postponing discharge and tolerating tensions. Actions executed in the interest of self-preservation are, it is true, often not only condensed with pleasure-seeking tendencies but are also apt to create a new kind of pleasure, a pleasure of mastery or achievement—'functional pleasure'.

The play of children is primarily directed at the immediate gaining of pleasure; it satisfies autoerotic, component instincts or impulses which do not come into consciousness in their original form. At the same time, however, it also develops the capacity of mastering external and internal difficulties. In contrast, while the working of adults is primarily determined by the reality principle and self-preservation, and is a striving for achievement, it is also to a certain extent a continuation of the pleasure function of playing. Between 'playing' and 'working' lies the field of 'learning', e.g., preparation for subsequent working. Learning is more interspersed with playing than is working, but like working, it is directed at achievement (or at the pleasure of being needed or rewarded).

The development from playing through learning to working takes place mostly during the latency period. 'The latency period of the sexual instincts has a parallel in the learning organization of the ego activities.' In the same way in which the component instincts are united under the primacy of the genitals, the different ego activities converge, during this time, under 'the primacy of work'. Mrs. Lantos stresses that this is not done by a 'sublimation of genital impulses'; it is rather pregenital libido which is sublimated. Artistic creation takes a strange intermediate position between playing and working.

We should like to add that work—and especially the attitude of the average superego toward work—means something entirely different in different societies. If modern people without work often feel as unhappy and even neurotic as Mrs. Lantos describes them, this certainly cannot be understood without a discussion of the prestige values of our society.

OTTO FENICHEL

Theory, Practice, and Public Relations. Marjorie Brierley. *Int. J. Ps.*, XXIV, 1943, pp. 119-125.

This paper defends the importance of theory in a science as contrasted with a one-sided 'practical' orientation. There is no science without theory, and all good theory can be used for a better practice. It is true that the relation of theory and practice is more complicated in psychoanalysis than in other sciences, due to the fact that the research method of psychoanalysis is based on empathy. The psychoanalyst has the difficult task of developing an object relationship as well as an identification with his analysands, simultaneously

or successively. 'It is this combination or alteration of relationship to our patients that is all too often reflected in confused thinking about theory.'

This question leads Mrs. Brierley to an interesting discussion about the relation of 'primitive emotional thinking' (as corresponding to identification) to 'scientific objective thinking' (as corresponding to object relationship), and about the concept of 'psychic reality' as it differs from 'objective reality'.

Finally Mrs. Brierley discusses the 'public relations' of psychoanalysis and heartily advocates a closer coöperation with the 'pure sciences', especially with various schools of psychology. Sherrington's theories as well as *Gestalttheorie* seem to her to approximate psychoanalytic theory. 'I am inclined to think that the basic principles which will some day unify psychology are already in being, though not yet recognized as such.'

OTTO FENICHEL

On the Concepts of Psychological Health and Illness. Walter Hollitscher. Int. J. Psa., XXIV, 1943, pp. 125-140.

This is a very stimulating logical analysis of the concepts of psychological health and illness, undertaken with thoroughness and many digressions into various problems of the logic of science. Hollitscher starts out with a discussion of the concept of 'reaction norm' as used in genetics. He then discusses those 'reaction norms' which constitute 'illness' or 'health' in biology and general medicine, quoting the various familiar definitions. Among these he favors that of Lenz, who defines health in terms of 'adjustment to the environment' but he also allows for other possibilities such as a greater consideration of the state of adjustment of the species and less of the individual, and a consideration of how the organism feels, whether well or badly. Then Hollitscher proceeds to investigate the concepts of psychological function and dysfunction as a special case of biological function and dysfunction. He describes and justifies the fact that psychology introduces new concepts 'which are formed by a simple and transparent extension of those used in everyday language', and exemplifies this with instances from reflexology and psychoanalysis. Finally he brings together what has been said about 'health' and about 'psychological function' in order to discuss 'psychological health'. He summarizes: 'A person is "psychologically ill" if his adjustment to his environment is disturbed; if, in consequence, the probability of his maintaining life is lowered, compared to that of his fellows, who are well adjusted; and if this is the result of a pathological disturbance of his psychological behavior. By a "pathological" disturbance of psychological behavior, we mean that it deviates from the same person's behavior when he was still adjusted and healthy, at which time he was in no other respect different from now.'

Hollitscher adds, however, that this definition requires additions and qualifications, insofar as the question 'what is psychological' may be answered not only according to which functions are disturbed, but also as to how these disturbances arose. Finally, also in the psychological field, the 'adjustment of the species' and the 'well-feeling of the organism' must be taken into consideration.

OTTO FENICHEL

Determinism and Psychoanalysis. J. O. Wisdom. *Int. J. Ps.*, XXIV, 1943, pp. 140-147.

This is a convincing philosophical essay explaining that criticisms of determinism based on modern theoretical physics do not touch psychoanalytic theory. 'Meanwhile, unless and until psychology becomes a mathematical science, and that of an advanced kind dealing with ultra-microscopic factors, it may retain the concept of determinism, as did physics prior to subatomic investigation.'

The idea of a free will is not based on intuitive experience, but rather on an unscientific clinging to the wishful idea of 'omnipotence of thought'.

OTTO FENICHEL

Some Considerations on Psychic Reality. John M. Dorsey. *Int. J. Ps.*, XXIV, 1943, pp. 147-151.

This is a highly philosophical paper, not easily comprehended. The term 'psychic reality' is used with a different meaning from that by Freud, namely, to characterize the real thoughts and feelings of man, as contrasted with his conscious rationalizations. Dorsey praises psychoanalysis as a method of honestly familiarizing oneself with one's real 'meanings'. He stresses the fact that objects are given to us only through the medium of our perceptions and therefore in the last analysis are also 'subjective' and 'psychic reality'. External and internal apperception are intimately interwoven with each other. 'Conscious ego growth, that is, the development of reality sense, is a process of first losing oneself and then finding oneself in one's observations.' This finding deprives one of fantasies but it opens 'the whole real world' instead, which, however, continuously remains dependent on the ego. This also holds true for all ethical views. 'In mature people, childhood selfishness (egoism) has altered to become grown-up selfishness (altruism).'

With somewhat exaggerated optimism, the author goes so far as to say, 'We are now at war to preserve our democratic form of government, because, more than any other kind of government, it observes the truth of psychic reality, the dignity of the individual'.

OTTO FENICHEL

The Rôle of Menstruation in Human Phylogenesis and Ontogenesis. C. D. Daly. *Int. J. Ps.*, XXIV, 1943, pp. 151-170.

This paper adds comments and modifications to the author's previously published hypothesis on the phylogenetic importance of taboos of menstruation as the decisive executive of incestuous prohibitions and as the source of antisexual attitudes and cultural forces in man.¹

Daly assumes that in the period of anarchy, following the murder of the primordial father, the severest restraints were put on the sexual activities of the individual members of society. The young women were prevented from

¹ *Hindu Mythologie und Menstruations-Komplex*, Imago XIII, 1927. *Der Menstruationskomplex*, Imago XIV, 1928. *The Menstruation Complex in Literature*. This QUARTERLY IV, 1935.

being impregnated, an event which became one of the contributing factors in the changing of pre-œstrum into menstruation. 'We hypothesize therefore that, early in phylogenesis, the profuse bleeding of the human female (which profuseness was possibly one result of nonimpregnation at puberty) became associated with man's fears of being eaten and castrated. The . . . threat was employed . . . to inhibit man's normal sexual aggressiveness and the desire previously awakened by the female's period.' The result was that the original attractiveness of menstruating young women and the stimulating character of the sight and odor of blood were repressed and changed into their opposite. With the development of the horror of blood, the breach in sexual development occurred—perpetuated in the latency period—which is characteristic for man and the basis for the development of civilization.

The paper contains polemics against Freud's hypothesis that the taboo of menstruation and the repression of olfactory orientation were due to man's acquisition of the upright gait. The paper also contains interesting digressions on several subjects such as the physiological function of menstruation, the psychological significance of menstruation in both men and women, the idea that the horror of female genitals may be due to menstruation anxiety rather than to the fact that the penis is lacking, and numerous problems of the psychology of sexuality, especially the effectiveness of stimuli which create a superficial loathing but a deeper archaic intense sexual desire.

OTTO FENICHEL

A Study of the Psychology of Sexual Abstinence from the Dreams of an Ascetic.

Sarasi Lal Sarkar. *Int. J. Psa.*, XXIV, 1943, pp. 170-176.

A Brahman ascetic, during the period of his discipleship, kept a faithful diary in which he recorded several of his dreams. Sarkar undertakes the interpretation of these dreams without the dreamer's assistance, by means of symbol translation. The main content of the dreams is the dreamer's struggle against his sexual desire which he has to ward off because of his religious training. Whereas he obviously tries to free himself from temptations, that which has been warded off returns against his will and can be recognized in his dreams in allusions to œdipus desires as well as in signs of passive homosexual longings. Even his thoughts about his admired master show obvious evidences of homosexuality.

Sarkar dares to draw even further conclusions which are not always convincing. He assumes that the sight of his menstruating mother might have been the first cause of the development of the dreamer's antisexual attitudes. Latent dream thoughts from various layers are not always clearly distinguished from one another in the author's comments, and are mixed up with the repressed wishes which make use of these thoughts to find a distorted expression.

OTTO FENICHEL

Notes on the Conversion of John Bunyan: A Study in English Puritanism.

W. N. Evans. *Int. J. Psa.*, XXIV, 1943, pp. 176-185.

Pilgrim's Progress and other writings of John Bunyan provide a surprising insight into the depth psychology of British Puritanism. John Bunyan lived

in the first half of the seventeenth century and his works 'are the most thorough attempt at religion introspection that we possess in the English language'.

Religious conversion, according to the author, usually follows the pattern: vision, conviction of sin, absolution, sense of mission. All four stages are different in the Puritan than in other confessions. Puritanism is characterized by intense ambivalence toward the father. While the Puritans are rebelling against church authorities, their God (their superego) becomes all the more a rigid and strict authority. A split of the father image into an absolutely good and an absolutely bad force—into God and Devil—and the fact that those two forces are fighting each other within the believer's bosom, is discernible in all stages of Bunyan's development. This was already true when Bunyan was a child ('Protestantism rests upon an early parent-child situation, where the child is alternately scolded and cajoled') and his subsequent marriage is less characterized by his relation to his wife than by his ambivalent relation to his father-in-law. The constant inner anal-sadistic attitude is counteracted by an equally constant extreme feeling of guilt. Obsessive thoughts which tell Bunyan that he would have to repeat the sin of Judas are finally overcome by a 'salvation' which is based on an identification with Christ. However, 'the convert can never rest in the certain knowledge that the conflict is over and that victory is his'. The struggle goes on, and Evans summarizes: 'The Puritan character may be regarded as an integrated system of reaction-formations'. It is regrettable that the specific structurization of the father conflict as reflected in Puritanism is not brought into sufficiently specific connection with the special social conditions at the time of its origin.

OTTO FENICHEL

Notes on Commercial Movie Technique. John Pratt. *Int. J. Ps.*, XXIV, 1943, pp. 185-188.

Pratt's paper contains interesting though unsystematized remarks on the psychology of the average movie-goer and the commercial techniques which try to satisfy his needs. In the fore stands the oral significance of scopophilia: the audience wants to devour with its eyes what it sees on the screen. The 'close-up' facilitates a facial mimicry and thus identification through the eye. Concentration on unrealistic visual impressions creates a dreamlike situation. Actually there are many technical devices used to increase the similarity between moving pictures and dreams (concrete representation of abstract ideas, symbolism). Various camera techniques which let the spectators witness events in a way which would be impossible in reality, create or increase their feeling of omnipotence, giving the illusion which has at all times been essential for the theater: to be an omnipotent creator. However, Pratt is also of the opinion that too much of a feeling of omnipotence is followed by a realistic reaction. 'A gratification of scopophilic pleasure and of omnipotence inherent in the medium is perhaps a condition under which reality is more tolerable.' Pratt thinks that recently a demand for more realistic movie plays can be observed: 'The musical is succeeded by the back-stage musical, interminable parades of glamour by the dramatic usage of the commonplace by Hitchcock. From the social hokum of Capra, the movie

advances to *The Grapes of Wrath* and *Winter set*. The satire of Ernst Lubitsch and the irony of Sturges must be set in perspective against the era of the *World's Lovers* and of Rudolf Valentino. Headlines are less insistent and the melody of Broadway fades. "The voice of the intellect may be a soft one, but it does not rest till it has gained a hearing."

OTTO FENICHEL

An Analysis of a Case of Functional Vomiting and Bulimia. C. E. Leonard. *Psa. Rev.*, XXXI, 1944, pp. 1-18.

Leonard reports in some detail the successful analysis of a case of vomiting and bulimia in a woman who originally requested treatment for certain social inhibitions. The symptoms had their origin in: (1) rejection by her parents (by the father because of her sex, and by the mother in favor of an older brother) to which she reacted by developing an aggressive dependency upon the mother; (2) her rejection of all genital desire in order to gain the mother's approval and in her equation of sexual intercourse with oral incorporation of the penis; (3) her intense penis envy, an expression of her desire to secure her father's love and compete successfully with her brother for her mother's affection; and (4) in her castrating attitude toward men based upon her desire to revenge herself upon her father and brother, and at the same time secure for herself a penis with which to attract her mother. Her excessive appetite was an aggressive defense against the loss of love and an expression of hostility against men who successfully competed with her for her mother's affection. The vomiting was a symbolic rejection of these desires and a masochistic restitution for the guilt occasioned by her hostile efforts to belittle men.

ROBERT COHEN

Collective Defense Mechanisms Against Homosexuality. Fritz Wittels. *Psa. Rev.*, XXXI, 1944, pp. 19-33.

Wittels discusses the defenses, offered by a particular national education, against men's fear of their homosexual tendencies. He points out that certain institutionalized groups strengthen the homosexual component, at the same time offering a defense against overt homosexuality by sublimating it. This is successful only as long as the covenant remains strong in its aims and practices. If it is weakened, the homosexual drive breaks through with increased force because of the strength it has gained through its encouragement in the sublimated form. Wittels documents this concept with case material. Frederick William I. of Prussia, father of Frederick the Great, founded the Prussian army; he sacrificed everything to establish an army of tall, well-disciplined men, whom he paraded daily, and whom he protected from warfare as he would protect a toy. At the same time he had a low opinion of women and sought primarily male contacts. He killed the woman his son loved, threatened to kill him also, and finally forced an unhappy marriage upon him. The son, in contrast to his father, used this military machine in war. When, following the son's death, Prussia had no adequate leadership, army discipline deteriorated and overt homosexuality became rampant. A

second example is seen in the German student fraternities and their drinking bouts and social gatherings from which women were excluded. A certain amount of mutual affection was permitted but, if possible, men were to avoid kissing each other. As mutual devotion grew dangerously with their collective orgies and close association, the duel became essential as a proof of unimpaired masculinity. The fraternity gradually deteriorated after the revolution of 1848, and remained weakened until Hitler converted these centers to his own purpose.

A third example from Germany is the life of Friedrich Jahn, founder of gymnastics. In his youth he had been unable to conform to discipline. As he grew older he gradually developed paranoid ideas, megalomania and querulous behavior, and surrounded himself in his 'gymnastics' with scantily dressed youngsters with the rationalization that he was building up the physical prowess of the German people.

These examples are concluded with a case study of a young Jewish man suffering from depression and disturbed by homosexual impulses. Brought up as a Chassid, with the concepts of contempt for women, the sin of heterosexuality except for reproductive purposes, and the love of God and one's neighbor, he became overtly homosexual with the breakdown of his religious stability. Through analysis, he was able to establish his heterosexuality.

IRENE M. JOSSELYN

The Contribution of Psychoanalysis to the Civilian Defense Program. Jules H. Massermann. *Psa. Rev.*, XXXI, 1944, pp. 34-39.

Massermann begins by appealing to psychoanalysts: 'We must modify our traditional but often anxiety-cathected and defensive isolation from our parent fields of psychiatry and medicine, leave our sound-proof (but not bomb-proof) offices, and contribute our own efforts and special abilities to the active defense services already being rendered by our medical and lay fellow-citizens. Moreover, we must endeavor to tone down our assertions of esoteric, non-communicable knowledge, and learn to talk and work effectively with our academic colleagues, with social agencies, and with civilian, political, and military authorities.' He continues by clearly pointing out the many significant and important functions a psychoanalyst is afforded in the Civilian Defense Program. The problem is then approached from the clinical, theoretical, and research points of view.

RALPH R. GREENSON

On a Clinical Approach to the Psychoanalysis of Writers. Edmund Bergler. *Psa. Rev.*, XXXI, 1944, pp. 40-70.

Bergler attempts to prove five points with clinical material derived from the analyses of inhibited and unsuccessful writers, as well as of other patients: 'Point 1. I came to the conclusion that the writer did *not*, in his work, *express his unconscious wishes and fantasies*, as had been previously assumed, but rather, under pressure of his unconscious guilt feelings, gave expression to his unconscious *defense against these wishes and fantasies*. Point 2. My

clinical experience taught me that the writer did *not* suffer from a "shameless urge to reveal himself", that is, an exhibitory impulse, such as has been asserted since Rank by every psychoanalytic biographer. On the contrary, I could prove that every writer is a *voyeur*, on the deepest levels of his being, who utilizes his exhibitionistic tendencies as a defense against those scopophilic impulses. *Point 3.* . . . I arrived at the conclusion that, in writers, the most decisive rôle is played by their *orality*. . . . However, according to my conception, the writer's type of neurotic orality is not greediness and a wish to "get" in the repetition of the child-mother situation, but rather a spiteful desire for *oral* independence, whereby the artist *identifies* himself with the "giving" mother out of *aggression* toward her, and thus eliminates her. He achieves oral "pleasures" for himself through "beautiful" words and ideas. In its deepest sense, it is a desire to refute the "bad" preœdipal mother and the disappointments experienced through her, by establishing an "autarchy". *Point 4.* I found myself forced to conclude that many psychoanalytic biographies were constructed on a fallacy, and this, through analogy. Very few writers were actually analyzed, but a great analytic experience was gathered from analyses of other neurotics. Because in these *clinical* cases the œdipus complex was found as a basis of these hysteric and compulsive neuroses and because in *writings* of unanalyzed writers the œdipus complex could also be discovered, the analogy was obvious. In both—in neurotics and writers—the œdipus complex seems to be decisive. That was fallacy by analogy. Clinical analysis shows that orality is the basic element. The analysts of the first decades were struggling for a recognition of the œdipus complex, hence they were delighted to find evidence of this in the writings of famous men. What they mistakenly concluded was that these writings revealed indirectly the unconscious wishes of the writer. They overlooked the possibility that the œdipus complex could be used as a defense against more deeply imbedded oral material. *Point 5.* In contrast to the "approach by analogy", I found that the "*clinical*" *approach*, that is, a psychoanalytic unprejudiced attitude in a clinical analysis of writers, led to therapeutic results. I am proud to say that a number of well-known writers of the present day were cured by this method, who had come to me as psychical wrecks, or suicidal candidates, because of work inhibitions which had been troubling them for years.'

RICHARD STERBA

Release of Aggressions Through Play Therapy for a Ten-Year-Old Patient at a Child Guidance Clinic. Joseph Andriola. *Psa. Rev.*, XXXI, 1944, pp. 71-80.

Andriola describes a ten-year-old which he treated at the Children's Center in Detroit. Thirteen interviews with the patient are described. The worker proceeded according to a preconceived attitude which asked for release of aggression, though why aggression should be released is not explained. As a means toward this end the worker even provoked the patient with his own aggression. The conclusions drawn from this procedure are necessarily unreliable and inadequate. We therefore fully agree with Andriola's statement:

'Play therapy should not be attempted except by skilled and experienced therapists or under careful supervision of a qualified worker'.

EDITH BUXBAUM

A Contribution to the Origin of Strindberg's Miss Julia. Emil Offenbacher. *Psa. Rev.*, XXXI, 1944, pp. 81-87.

Emil Offenbacher attempts to prove in this short paper that Strindberg, when he wrote his drama, Miss Julia, had known the Mademoiselle Tantale of J. L. Dubut de Laforest. Offenbacher finds striking similarity in the general theme and in details of both life stories. The multiple motives for the pathological behavior of the heroines are the same. The paper has more interest as literary history than as psychology.

RICHARD STERBA

The Novel as Catharsis. Ruth Morris. *Psa. Rev.*, XXXI, 1944, pp. 88-104.

Ruth Morris attempts to prove in this paper that engaging in creative writing can replace an analysis. She believes that there is 'a class of creative subjective writers. To the extent that this type of author works from an emotional need, and not for the market, he is "analyzing" himself. If he continues on his course, and does not permit himself to be side-tracked, he will, in no very great time (once he gets started) heal himself.' Freud, according to Ruth Morris, was not a creative writer and therefore could not free himself from a compulsion neurosis (?) either by writing or by self-analysis. 'The two processes, psychoanalysis and self-analysis in an art form, differ in that the former consists mainly of intellectualization and "digestion" of the traumas—that is, analysis—and the latter is chiefly expression—one does what one needs to do—although there is plenty of analysis in the latter form as well. But in all other respects the two methods are alike. . . . Telling about one's own life in psychoanalysis, and about the lives of imaginary characters in a subjective novel, are interchangeable—the novelist leaves fiction for autobiography, and the analytical patient wanders off into fancy. Before he is cured of his neurosis the cathartic writer must carry himself through all his traumas, and see clearly—and this bespeaks in him an objective, critical, analytical faculty—the complete picture of himself as a personality on the defensive against the whole world, precisely as the patient of analysis, in order to be healed, must do with the aid of the analyst.' She tries to prove her theory of self-healing through creative writing by pointing to Herman Melville and his *Pierre* and *Moby Dick*; Nathaniel Hawthorne and his *Twice Told Tales* and *The Scarlet Letter*; Charlotte Brontë, another 'self-analyzee', and her *Villette*; and Franz Kafka and *The Castle* and *The Trial*. She tries to show that all these writers were cured through the creation of their works. The author's approach is that of a dilettante, without that refinement of psychological understanding of dynamics so necessary for the application of psychological principles to art and artists.

RICHARD STERBA

NOTES

Géza Róheim, author of *THE ORIGIN AND FUNCTION OF CULTURE*, reviewed in *This QUARTERLY*, Vol. XIV, No. 3, 1945, takes exception to some of the reviewer's statements. Quoting from the review: 'Róheim rejects Ruth Benedict's formulation that "Different cultures differ because they are oriented as wholes in different directions"' (p. 398). 'Actually', says Róheim, 'I quote the same passage from Ruth Benedict quoted by Alexander (p. 9 of my book) and then say, "In the preliminary report of my field work I tried to go beyond this and to show that these collective psychical system formations were organized as defense mechanisms against certain libidinal strivings and these again are dependent on the typical infantile situation of each area". In other words, what Ruth Benedict says I have also said, only a year earlier, and added something to it. There is not a trace in my book or elsewhere of my rejecting this idea. Alexander writes, "According to this view the genital attitude is not something new which appears with biological maturation . . . but only a veneer covering pregenital trends . . ." (p. 399), ignoring the explicit statement in my book: "Also I fully admit that we have an inborn trend of maturation and in discussing the problem of growing up I was envisaging only one, viz. the regressive aspect of the problem" (pp. V, VI). I cannot discuss all my objections to Alexander's review. I do wish to observe that in reviewing a book, the safest if not the quickest way is to read it *as a whole* (gestalt theory) not piecemeal.'¹

At two of the recent meetings of THE TOPEKA PSYCHOANALYTIC SOCIETY, the following papers were read: *Ego Functions as Reflected in Play Configurations* (illustrated by slides) by Dr. E. Homburger Erikson of San Francisco, and *Case Report Illustrating Some Hypnoanalytic Techniques* by Dr. Merton M. Gill and Dr. Karl Menninger.

The American Psychiatric Association and the National Committee for Mental Hygiene jointly announce the appointment of Captain Forrest M. Harrison (MC), U.S.N., as Director of a newly established PSYCHIATRIC PERSONNEL PLACEMENT SERVICE. The service is designed especially to help physicians and psychiatrists make contacts with training opportunities such as residencies, post-graduate courses and fellowships, and to aid institutions in locating suitable candidates for appointments. Inquiries should be addressed to Captain Forrest M. Harrison (MC), U.S.N., National Committee for Mental Hygiene, 1790 Broadway, New York City 19.

TEMPLE UNIVERSITY MEDICAL SCHOOL AND HOSPITAL announces a postgraduate course in psychosomatic medicine for the internist and general practitioner

¹ Cf. Alexander's remarks in the review on the advantages of the 'field theory'. *This QUARTERLY*, XIV, p. 401.

from March 4th to 30th, 1946, with Dr. Edward Weiss, Professor of Clinical Medicine, Dr. O. Spurgeon English Professor of Psychiatry, Dr. Gerald H. J. Pearson, Associate Professor of Psychiatry, Associates, and Guest Lecturers. The course, which is designed to assist internists and practitioners of general medicine in the diagnosis and management of psychoneurotic and psychosomatic problems, is not intended for specialization in psychiatry. It is open to a limited number of qualified physicians and application should be made to Mrs. Carol Krusen Scholz, Registrar for Psychosomatic Course, Temple University Hospital, 3401 North Broad Street, Philadelphia 40, Pa.

The annual meeting of the MEDICAL CORRECTIONAL ASSOCIATION, an affiliate of the American Prison Association, was held in New York City November 15th and 16th, 1945. Dr. Robert V. Seliger of Baltimore, Maryland, was reelected President; Dr. Frank J. Curran of New York City was elected First Vice-President; Dr. Michael J. Pescor of Springfield, Missouri, Second Vice-President; Dr. Robert M. Lindner of Baltimore, Secretary-Treasurer; and Dr. S. Bernard Wortis of New York City, Councillor.

The AMERICAN GROUP THERAPY ASSOCIATION held its Third Annual Conference in New York City, January 4th and 5th, 1946. The topic of the conference was Clinical Applications of Group Psychotherapy. Three round tables also were held on Military and Post Military Group Therapy, A Case Summary in Relationship Therapy, and A Case Summary in Interview Group Therapy.

Doctor Willard C. Rappleye, President of the JOSIAH MACY, JR. FOUNDATION, announces that more than five million copies of over four hundred leading medical and scientific articles have been published by the Foundation's War Reprint Service during the last three years for medical officers of the armed forces of the United States and in so far as possible Canada, England, New Zealand, Australia, the Union of Socialist Soviet Republics and China. In addition to the articles reproduced from journals the Foundation has published for the Air Surgeon five original monographs, prepared by medical officers of the Army Air Forces, dealing with personality disturbances occurring in combat zones. With the plans for demobilization of the armed forces the Reprint Service was discontinued January first.

From the BUREAU OF CHILD GUIDANCE, BOARD OF EDUCATION, CITY OF NEW YORK, we receive the announcement that the Board of Examiners will give examinations for the license of School Psychiatrist in March, 1946. The position carries the advantages of liberal retirement and pension, and civil service tenure. The salary starts at \$6,000 and goes to \$7,000 in three years. The general requirements are: Age, thirty to forty-five years; graduation from a Grade A medical college, and either five years of practice in psychiatry including eight hundred

hours in an approved mental institution and twelve hundred hours in an approved child guidance clinic, or three years of practice in psychiatry including twelve hundred hours in an approved mental institution and twelve hundred hours in an approved child guidance clinic. Further information about these requirements and the examinations will be obtained with the application. The final date for filing applications is February 25, 1946. Application forms may be obtained in person, or by writing to: Board of Examiners, Room 437, Board of Education, 110 Livingston Street, Brooklyn 2, New York. The written request must be accompanied by a large, self-addressed envelope bearing six cents in stamps.

BOOKS RECEIVED

- LEIGHTON, ALEXANDER H.: *The Governing of Men: General Principles and Recommendations Based on Experience at a Japanese Relocation Camp.* Published in Coöperation with the American Council, Institute of Pacific Relations, Inc. Princeton, N. J.: Princeton University Press and London: Oxford University Press, 1945.
- HOFFMAN, FREDERICK J.: *Freudianism and the Literary Mind.* Baton Rouge, Louisiana: Louisiana State University Press, 1945.
- BRUETSCH, WALTER L.: *Psychoses with Rheumatic Brain Disease and Other Late Cerebral Sequelæ of Rheumatic Fever (Collected Reprints).* Indianapolis: Central State Hospital, 1944.
- SADLER, WILLIAM S.: *Modern Psychiatry.* St. Louis: The C. V. Mosby Co., 1945. 896 pp.
- ABRAHAMSEN, DAVID: *Men, Mind, and Power.* New York: Columbia University Press, 1945.
- RÓHEIM, GÉZA: *The Eternal Ones of the Dream. A Psychoanalytic Interpretation of Australian Myth and Ritual.* New York: International Universities Press, 1945.
- HINSIE, LELAND E.: *The Person in the Body. An Introduction to Psychosomatic Medicine.* New York: W. W. Norton & Co., Inc., 1945.
- SELIGER, ROBERT V.: *A Guide on Alcoholism for Social Workers.* Baltimore: Alcoholism Publications, 1945.
- BECK, SAMUEL J.: *Rorschach's Test. II. A Variety of Personality Pictures.* New York: Grune & Stratton, 1945.
- Proceedings of the Institute on Readjusting with the Returning Servicemen, Held March 8-9, 1945, in The Knickerbocker Hotel, Chicago, Illinois, Under the Auspices of the Illinois Society for Mental Hygiene.* Chicago: Illinois Society for Mental Hygiene, 1945.
- KARNOSH, LOUIS J. with the collaboration of ZUCKER, EDWARD: *A Handbook of Psychiatry.* St. Louis: The C. V. Mosby Co., 1945.
- ESSEN-MÖLLER, ERIK: *Psychiatrische Untersuchungen an einer Serie von Zwillingen.* Copenhagen, Denmark: Ejnar Munksgaard, 1941.
- BOCHNER, RUTH AND HALPERN, FLORENCE: *The Clinical Application of the Rorschach Test.* Second Revised and Enlarged Edition. New York: Grune & Stratton, 1945.
- FENICHEL, OTTO: *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., 1945.
- HARROWER, M. R.: *Psychodiagnostic Inkblots.*
- HARROWER, M. R. AND STEINER, M. E.: *Manual for Psychodiagnostic Inkblots.* New York: Grune & Stratton, Inc., 1945.
- CAMPBELL, JOHN D.: *Everyday Psychiatry.* Philadelphia: J. B. Lippincott Co., 1945.
- WOLBERG, LEWIS R.: *Hypnoanalysis.* New York: Grune & Stratton, Inc., 1945.
- BRONFENBRENNER, URIE: *The Measurement of Sociometric Status, Structure and Development.* New York: Beacon House, 1945.
- MORENO, J. L. AND JENNINGS, HELEN H.: *Sociometric Measurement of Social Configurations.* New York: Beacon House, 1945.
- SELIGER, ROBERT V.: *Alcoholics Are Sick People.* Baltimore: Alcoholism Publications, 1945.
- FARROW, E. PICKWORTH: *Psychoanalyze Yourself.* New York: International Universities Press, 1945.
- BINGER, C. A. L., ACKERMAN, N. W., COHN, A. E., SCHROEDER, H. A. AND STEELE, J. M.: *Personality in Arterial Hypertension.* Published with the sponsorship of The American Society for Research in Psychosomatic Problems.
- RAPAPORT, DAVID: *Diagnostic Psychological Testing.* Chicago: The Year Book Publishers, Inc., 1945.
- TEMKIN, OWSEI: *The Falling Sickness. A History of Epilepsy from the Greeks to the Beginnings of Modern Neurology.* Baltimore: The Johns Hopkins Press, 1945.

A limited number of copies of back volumes is available. Bound volumes, \$8.50 each; unbound, \$6.00 each. Foreign postage is fifty cents. Uniform covers for binding are \$1.00 for each volume. Subscriptions begin with the first number of each year. Single issues, when available, are \$1.75 each.

THE PSYCHOANALYTIC QUARTERLY, INC. will pay one dollar for each copy of the following numbers: Number 1 of Volume II, 1933; Numbers 1, 2, 3 and 4 of Volume IX, 1940; Numbers 1, 2, 3 and 4 of Volume X, 1941; Numbers 1, 2, 3 and 4 of Volume XII, 1943, Numbers 1 and 2 of Volume XIII, 1944.

THALASSA

A Theory of Genitality

[VERSUCH EINER GENITALTHEORIE]

By

SANDOR FERENCZI

AUTHORIZED AMERICAN TRANSLATION
BY HENRY ALDEN BUNKER

Cloth Bound

Price: \$1.75

Published by The Psychoanalytic Quarterly, Inc.
372-374 Broadway, Albany, New York

An important new landmark
among authoritative books
on psychoanalysis

The Psychoanalytic Theory of Neurosis

by OTTO FENICHEL, M.D.

Author of OUTLINE OF CLINICAL PSYCHOANALYSIS

OUTLINE OF CLINICAL PSYCHOANALYSIS, which brought together all the data resulting from forty years of research in general and special psychopathology, stands as a classic in the field of psychoanalytic literature. In Dr. Fenichel's new book the reader will find not only the wealth of clinical material contained in the earlier work, but also the 'general' theory of psychoanalysis presented in a systematic and comprehensive manner. The PSYCHOANALYTIC THEORY OF NEUROSIS reflects the author's encyclopedic knowledge and displays his outstanding ability to present that knowledge lucidly and effectively. Important, up-to-date information of great value to everyone in the field of psychoanalysis.

At all bookstores

\$7.50

70 Fifth Ave.

W. W. NORTON

New York 11

"BOOKS THAT LIVE"

PSYCHIATRY

JOURNAL OF THE BIOLOGY AND THE
PATHOLOGY OF INTERPERSONAL RELATIONS

A quarterly addressed not alone to psychiatrists and psychiatric research personnel in the narrower sense, but to all serious students of human living in any of its aspects, and to those who must meet pressing social needs with current remedial attempts.

Contents of No. 4, Vol. VIII, November, 1945

American Race Relations and the Caste System: Norman Daymond Humphrey. *Dug-Out Psychiatry:* Albert N. Mayers. *Psychiatric Observations in Okinawa Shima:* James Clark Moloney and Charles R. Biddle. *German Words, German Personality and Protestantism:* Isidor Thorner. *Subjective Definitions of the Rorschach Test Situation and Their Effect on Test Performance:* Ernest G. Schachtel. *Personality Development of the Dinaric Warriors:* Dinko Tomašić. Editorial Notes. Book Reviews and Notices. Reference Lists. Author Index. Books Reviewed and Noticed. Volume Index.

Published in February, May, August and November by THE WILLIAM ALANSON WHITE PSYCHIATRIC FOUNDATION, Apt. 3, 1711 Rhode Island Avenue, N.W., Washington 6, D. C.

Subscription price \$6.00; foreign subscription, \$6.60.
Volumes I to VII, in Buckram, \$8.35 each.

ADDRESS ALL COMMUNICATIONS TO THE PUBLISHER.

CHARACTER AND PERSONALITY

AN INTERNATIONAL PSYCHOLOGICAL QUARTERLY

Editor:

KARL ZENER, Duke University

CONTENTS OF SEPTEMBER 1945 ISSUE

The Picture-Association Method and Its Application in a Study of Reactions to Frustration.....SAUL ROSENZWEIG

The World of Experience—Its Scientific Significance.....HELGE LUNDHOLM

Recall in the Thematic Apperception Test
HENRY LOEBLOWITZ-LENNARD AND FRANK RIESSMAN, JR.

The Pathogenesis and Treatment of Homosexual Disorders: A Digest of the Available Evidence.....THOMAS V. MOORE

Subscription \$2.00 per year

DUKE UNIVERSITY PRESS

Durham, N. C.

Journal of Clinical Psychopathology

(Formerly Published Under Name of *Journal of Criminal Psychopathology*)
Official organ of the Association for the Advancement of Psychotherapy

PARTIAL LIST OF CONTENTS, VOL. VII, No. 2, OCTOBER 1945

- "Ontogeny of Bisexual Differentiation in Man"—Part I
Edward J. Kempf, M.D.
- "Unconscious Processes in Artistic Creation".....Wolfgang Born, M.D.
- "About the Name and Some Pathologic Functions of the 'Unconscious'"
Emil Froeschels, M.D.
- "Oliver Cromwell and the Puritan Revolution" (A Chapter on the Psychology of Dictatorship).....Gustav Bychowski, M.D.
- "Motives of Insomnia".....Nandor Fodor, Ph.D.
- "Facts and Figures on Psychotherapy".....Joseph Wilder, M.D.
- "Roentgenological Studies of the Gastrointestinal Tract in Psychosomatic Conditions".....Franz J. Lust, M.D.
- "The Woodworth Personal Data Sheet as Applied to Delinquents"
M. J. Pescor, M.D.
- "A Psychosomatic Study of Myself".....Frederic Wertham, M.D.
Box 631

also over 30 Abstracts and Book Reviews

INFORMATION FOR SUBSCRIBERS

The *Journal of Clinical Psychopathology* is issued quarterly, January, April, July, and October. New subscriptions begin with the current issue. The annual subscription rate is \$4.00, with foreign postage 75 cents additional. Please make checks payable to V. C. BRANHAM, M.D., *Editor*

Medical Journal Press

Monticello, N. Y.

PRINTED IN THE U. S. A.